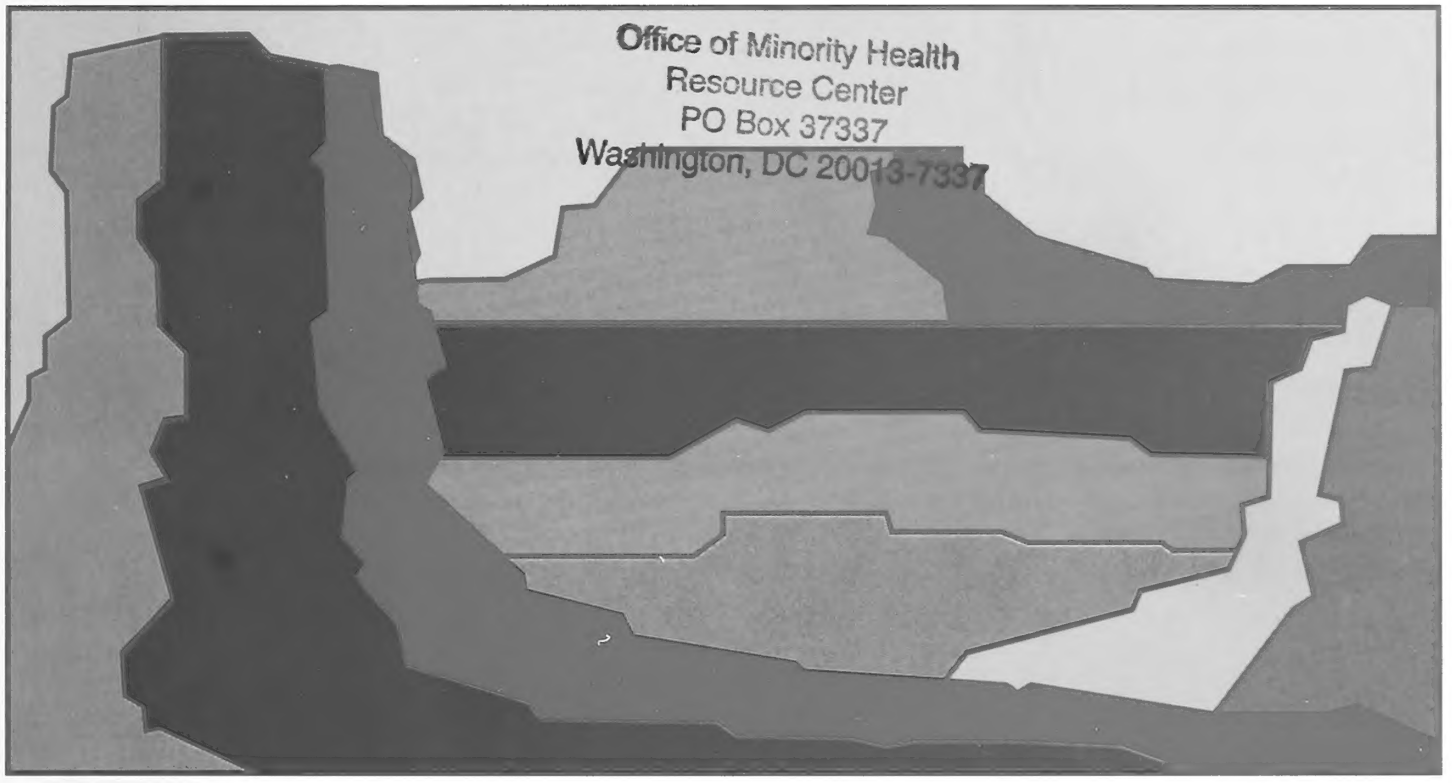
# ARIZONA DEPARTMENT OF HEALTH SERVICES





# Cultural Competence Needs Assessment

## Center for Minority Health

# Arizona Department of Health Services Cultural Competence Needs Assessment

## January, 1996


Fife Symington, Governor
*State of Arizona*

Jack Dillenberg, DDS, MPH, Director
*Arizona Department of Health Services*



*Published by:*
Arizona Center for Minority Health
Office of Local and Minority Health
1740 West Adams Street
Phoenix, Arizona 85007
602/542-2906

# MESSAGE FROM THE DIRECTOR

According to the publication **Towards a Culturally Competent System of Care**; " Systems, agencies, or professionals do not start out being culturally competent. Like other types of competence, cultural competence is developed over time through training, experience, guidance, and self-evaluation."

In the spring of 1995 the Arizona Department of Health Services became one of the first agencies in Arizona to participate in a needs assessment which examined the cultural competency of its management and staff. This assessment was very important, in that it evaluated our knowledge of, and attitudes toward, cultures other than our own. It also provided information on future training needs of the Department necessary to better serve the diverse population of Arizona.

I am pleased to present this report which provides the results and recommendation of the needs assessment. The outstanding staff response to the assessment, resulted in the Department receiving a 77% return rate of the surveys. I commend the ADHS staff for their outstanding response to the assessment.

The completion of this assessment is just the beginning of an ongoing process to move the Department toward becoming a more cuturally competent agency. Administrators and staff will be provided continual opportunities to increase their knowledge of Arizona's different cultures.

We have invited members of the community to assist us in the development of our cultural competency plan. In addition, the Center for Minority Health and a team of minority health liaisons representing each division of the health department are beginning the initial phase of training, cultural experiences and continued self-evaluation for all employees.

The Department's operational definition of cultural competence is: "Cultural competence is knowledge, attitudes, practices, and policies within an agency which enables individuals to work effectively in cross cultural situations. This requires the willingness and ability to utilize community-based values, traditions, and practices in developing and evaluating interventions, communitication, and other activities." This definition is the core of our present and future program planning and development.

I am proud of the progress we have made, but we have much left to do. In the coming year, we at ADHS, will continue to strive to significantly enhance the health of all Arizonans.

Jack Dillenberg, DDS, MPH
Director

# Cultural Competence Needs Assessment of the Arizona Department of Health Services

## EXECUTIVE SUMMARY

### Purpose

The purpose of this needs assessment was to examine baseline levels for various indicators of cultural competence among administrators and staff of the Arizona Department of Health Services (ADHS). This information would then clarify current training needs, the staff's willingness to participate in such training, and specify the types of training needed.

The Arizona State University Hispanic Research Center's (HRC's) evaluation team worked closely with the ADHS Center for Minority Health Internal Task Force in designing and implementing this needs assessment. Upon careful consideration of the scope of this needs assessment, the ADHS Center for Minority Health Internal Task Force and the HRC evaluation team limited its scope to cultural competence within the ADHS as related to the delivery of health services to members of ethnic/racial populations.

### Participants

Accordingly, a cultural competence needs assessment was conducted within the Arizona Department of Health Services (ADHS) in the spring of 1995. This assessment used stratified random sampling to select ADHS staff and administrators from 13 ADHS divisions including the Arizona State Hospital (ASH) To obtain adequate representation of ethnic/racial employee groups, the sampling plan included an oversample of ethnic minority employees. This involves selecting those groups of ADHS employees in proportions that are higher than their current levels within the organization. One hundred ninety administrators and 442 staff were selected randomly from within their ADHS division. Of these, 175 administrators (92%) completed and returned their survey, while 326 staff (74%) did so. Thus, the total sample of participants consisted of 501 ADHS employees, which constitutes 79% of the targeted sample. And, this group of 501 employees constitutes 27% of the total ADHS work force.

### Personal Views and Behaviors

This needs assessment revealed relatively low levels of informational knowledge among most ADHS staff and among some administrators regarding the health and demographic characteristics of the major ethnic/racial populations in Arizona and the US (African Americans, Latinos/Hispanic Americans, Asian Americans/Pacific Islanders, and American Indians/Native Americans). This result underscores the need to increase the informational knowledge of staff and of some administrators regarding the health needs of clients from these ethnic/racial populations.

Both administrators and staff expressed attitudes towards diversity that ranged from strong opposition to strong support. Overall, staff and administrators expressed a mildly favorable attitude towards diversity. This result may reflect the current diversity of opinion nationally regarding various minority issues, such as affirmative action. By contrast, administrators and staff indicated that having diversity in the workplace is indeed important.

Regarding their participation in cultural activities, administrators and staff revealed that they only participated "infrequently" in activities that could increase their sensitivity to the cultures of ethnic/racial people. Given this limited exposure to other cultures, a significant need as well as an opportunity exists to increase ADHS employee exposure to the cultures and to the health needs of members of these ethnic/racial populations. Nevertheless, despite having this limited exposure, or perhaps because of it, ADHS administrators and staff expressed a preparedness and desire to receive cultural competence training, and they endorsed such training for other members of their own unit within ADHS.

## ADHS as an Organization

The present needs assessment also examined the structural and operational characteristics of ADHS as an organization as evaluated by administrators and staff. Among the administrators, organization-level questions solicited their views about the characteristics of their unit including: unit organizational structure, communications, unit operations, systemwide policies, leadership, and strategic planning. Among the staff, organization-level questions solicited their views about: the office environment, the cultural competence that exists within their own unit, staff training needs, staff training preferences, health-related services, and barriers to health services.

The administrators indicated that the ADHS organizational structure (staff, hierarchical structure, workspaces, equipment) is "somewhat" effective as a network that promotes interactions between various people. By contrast, the administrators evaluated five other components of the ADHS organizational system as being "a little-to-somewhat" effective in promoting cultural competence. That is, ADHS components that were rated as less than "somewhat effective" in promoting cultural competence were: the communication system such as the current system of messages and lines of communication; unit operations such as unit budgets, rules, and daily practices; systemwide policies as these may promote diversity and cultural competence; the actions of the leadership as these leaders may act in a proactive fashion and exhibit sensitivity to nuances of culture; and strategic planning as it may introduce future policies and activities that foster cultural competence.

Generally, most of the survey items that examined systemwide effectiveness in promoting cultural competence received administrator effectiveness ratings of "a little-to-somewhat effective." Thus, the administrators indicated that the ADHS is or has been relatively weak in accepting and encouraging cultural diversity, in having ethnic minority input in the writing of organizational policies, and in examining its own weaknesses that relate to cultural competence. Thus, the administrators suggested that more can be done systemwide to promote cultural competence within the organization, with the need for particular attention given to areas of

relative weakness. And, the administrators saw room for improvement in relation to the organization's capacity to promote cultural competence. Within this context, however, the request from the ADHS for this needs assessment in itself reflects some recognition by ADHS administrators and others of the need to examine cultural competence issues in the design and delivery of health care services.

The staff, in their evaluation of ADHS as an organization, indicated that their personal relationships with co-workers and supervisors were favorable. However, at the organizational level staff felt unsure about the organization's responsiveness to cultural issues. Staff views about their unit's overarching philosophical orientation towards culture revealed two prevailing views. One view, the "cultural blind" orientation emphasizes absolutely equal treatment of all people in the delivery of health services and eschews sensitivity to cultural issues. By contrast, the "cultural sensitivity" and "cultural proficiency" positions emphasize the importance of attending to cultural factors in the delivery of health services.

## Training Needs

Regarding cultural competence training, staff indicated that, for them, the most important training needs involve: (1) gaining skills for communicating effectively with ethnic minority clients; (2) learning ways to actively involve clients in their own treatment; (3) understanding ethnic minority clients' health-related beliefs, behaviors, traditions, and customs; and (4) understanding barriers to health care faced by ethnic minority clients.

In a similar fashion, staff expressed a desire for training: (1) in understanding equal employment opportunity (EEO) laws and regulations, (2) in enhancing their skills in cross-cultural communications, (3) in better understanding the health needs of various ethnic/racial groups, (4) in multicultural management techniques, and (5) in affirmative action policy. In general, ADHS staff expressed a desire to receive cultural competence training and identified areas of greatest need for such training.

In summary, staff indicated that currently the ADHS climate is neither favorable nor unfavorable towards the practice of cultural competence. Staff also revealed that two competing philosophical views prevail within ADHS: (1) the view that cultural issues should be considered in the provision of health services, and (2) the view that all people should be treated equally without reference to special needs. Staff endorsement of one view over the other may have implication for a staff member's or a unit's preparedness to participate in cultural competence training. Regarding training for cultural competence, staff do want cultural competence training that will help them better understand and work with members of various ethnic/racial groups.

## Recommendations

In implementing an action plan derived from this needs assessment study, it should be recognized that cultural competence refers to depth in skills and capabilities, a level of capacity that is acquired as the result of ongoing training and/or organizational change not as the result of a single isolated presentation or activity. Within this context, it is recommended that *ADHS*

*should plan organizational changes that specifically address areas of weakness within ADHS as identified in this needs assessment, in order to raise the level of cultural competence systemwide.*

One intervention towards this aim is that *ADHS should develop and implement an ongoing cultural competence skills training program for all ADHS administrators and staff.* In addition, *ADHS should establish a system of program evaluation in order to assess program effects and to promote meaningful changes in the health services that are delivered to various ethnic/racial clients across ADHS programs and units systemwide.*

Finally, it is recommended that *ADHS should invest in leadership training that develops the capabilities of ADHS staff members, including members of underrepresented ethnic/racial groups.* The aim is to develop from within, the pool of new eligible and qualified administrators who can help to diversify the ADHS leadership, and who in turn, can promote cultural competence at the highest levels of the organization.

# ACKNOWLEDGMENT

Arizona Department of Health Services, Center for Minority Health, and the Office of Local and Minority Health acknowledges Arizona State University Hispanic Research Center team of researchers who conducted, compiled and analyzed this assessment.

## Research Team

Felipe G. Castro, M.S.W., Ph.D.
Helen M. Tafoya-Barraza, M.A.
Edward Valenzuela, Ph.D.

## Center for Minority Health Internal Task Force

A special thank you and appreciation to all members of the Center for Minority Health Internal Task Force:

Patricia Anaya
Marianna Bridge
Susan Burke
Kathryn Butler
Cecilia Cohen
Rebecka Derr
Timothy Flood
Vanessa Nelson Hill
Doug Hirano
Patricia Knutesen
Wayne Le Blance
Phil Lopes
Rosalie Lopez
Claudia Lujan
Rosemary Lopez-Meder
Paul Newberry
Sally Tapia-Osmun
Ling Patty
Alma Peña

# TABLE OF CONTENTS

# TABLE OF CONTENTS

# I. BACKGROUND AND RATIONALE

# I. BACKGROUND AND RATIONALE

## A. Rationale for a Needs Assessment

The first step in developing a culturally competent work force is to conduct a "needs assessment" a study that yields baseline levels of current competencies and that points to areas that need further development (Windsor, Baranowski, Clark, & Cutter, 1994). At the organizational level, cultural competence refers to the agency's workforce, which as a unit has the appropriate knowledge, attitudes, values, and skills that facilitate the delivery of effective health services to members of various ethnic/racial populations.

An effective organizational needs assessment should examine levels of cultural competence in specific units within the organization, as well as evaluating levels of cultural competence among groups of workers including: administrators, managerial staff such as supervisors, and clerical staff. Moreover, a strong "ecologically grounded" needs assessment also solicits the involvement of members of the organization in the planing and implementation of the assessment. Finally, a good needs assessment offers a report to members of the organization to inform them of the results. In this ADHS needs assessment, this joint planning process sought a thorough understanding of the perceptions and cultural diversity needs for all sectors of the organization. Results of such an assessment should then contribute to the development of a training program that is tailored to the agency's specific needs. Generic training programs currently exist. However, a local needs assessment generates baseline levels of the organization's existing competencies and needs, and it clarifies the overall training needs of the local organization, as well as the manner in which such a program should be tailored to the unique needs of that organization. When possible, developing a localized training program is preferable to using "canned" programs.

## B. The Current Needs Assessment

This Cultural Competence Needs Assessment was conducted for the Arizona Department of Health Services (ADHS) by Arizona State University's Hispanic Research Center. This assessment consisted of two parts: (1) an individual-level analysis of six areas of cultural orientation, and (2) an organizational-level analysis of the characteristics of the ADHS that relate to cultural competence. The views of 175 administrators and of 326 staff were obtained using a sampling procedure that randomly sampled participants (a stratified random sample) from 13 ADHS divisions. Targeted respondents were 190 Administrators, supervisors, managers, and policy writers as well as 442 staff members (total 632) representing 34% of all employees at the Arizona Department of Health Services. A total response rate of 79% from the targeted sample was attained via the stratified random sampling procedure, with response rates per division ranging from 73% to 100%.

At the individual level, this needs assessment examined informational knowledge, attitudes, values, behaviors, cultural involvement, and preparedness for cultural competence training (see Appendix A, Administrative Survey, pp. 1 to 10; and Appendix B, Staff Survey, pp. 1 to 10). All information was obtained using a procedure that safeguarded the participant's anonymity. At the organizational level, this needs assessment examined organizational characteristics that relate to the organization's current levels of cultural competence in areas such as the work environment, policies

and procedures, etc. (see Appendix A, Administrative Survey, pp. 11 to 16; and Appendix B., Staff Survey, pp. 11 to 16). In the Administrative Survey (pp. 17 to 19) and the Staff Survey (pp. 17 to 19), respondents were asked to give personal background information about their social and cultural roots. Areas of background information were: (1) place of birth, (2) language skills, (3) ethnic/racial identity and heritage, and (4) other personal characteristics such as gender, marital status, highest educational degree, and profession.

In summary, the Administrative Survey (Form A) consisted of 19 pages and three sections that examined individual-level and organizational-level issues (see Appendix A). The Staff Survey (Form B) also consisted of 19 pages and three sections that also examined individual-level and organizational-level issues (see Appendix B). A Spanish language version of the Staff survey was also developed. Forms A and B were developed specifically for this needs assessment, where earlier drafts of these surveys were shaped by the consultation feedback obtained from 11 consultants. Consultants were selected based on their expertise in one of the four major ethnic/racial minority groups: African Americans, Latino/Hispanic Americans, Asian Americans/Pacific Islanders, and Native Americans/American Indians. Drafts of each survey were also examined by the ADHS Center for Minority Health Internal Task Force, as part of a partnership with members of that ADHS task force. This partnership yielded critical feedback as the survey was developed. Thus, this Cultural Competence Needs Assessment was developed as the product of the evaluative efforts of over a dozen members of ADHS, and of eleven consultants. This final product was then used to solicit the views of over 500 administrators and staff on various aspects of cultural competence within the Arizona Department of Health Services.

In this report, we will be using certain generic terms to refer to members of the four major ethnic/racial populations of the U.S. We will use the term African American to refer to persons also referred to as "Blacks," and who identify as being of Black or African racial heritage. We will use the terms Latinos/Hispanic Americans to refer to persons of Hispanic origin including: Mexican Americans, Chicanos, Mexicanos, Cubans, Puerto Ricans, and others who are immigrants or descendants from persons immigrating from Central America, South American, and from portions of the Caribbean, such as from the Dominican Republic.

We will use the term Asian Americans/Pacific Islanders to refer primarily to persons who are immigrants or descendants of immigrants from countries of the Far East and who identify as: Chinese, Japanese, Korean, Filipino, and others who trace their heritage to the Far East. We will use the term Native Americans/American Indians to refer to persons of U.S. Indian background including persons who identify as Navajo, Yaqui, Apache, or from other U.S. Indian tribes.

Finally, we will be using the term Anglo Americans to refer to non-Hispanic white members of the U.S. population, many of whom trace their ethnic or cultural heritage to Britain and to Europe, and who are sometimes referred to as "Euroamericans." We recognize that no one ethnic identifier term truly captures the diversity in identity and heritage that occurs among and within each group.

## C. Relevance of Culture to the Delivery of Health Services

Developing health programs that are relevant and efficacious in promoting health for members of various ethnic/racial populations requires a recognition, appreciation, and understanding of the within-and-between population diversity that exists within a society, and within the local community. Health planners and health service delivery personnel should become aware of the sociocultural diversity that exists within our society (cultural sensitivity). However, this is not enough in today's service delivery climate. They should also increase their understanding of this diversity (cultural competence) in order to improve their capacity to design and/or deliver more relevant and efficacious health promotion programs (Bernal & Castro, 1994).

The terms **culture**, **cultural diversity**, and **cultural competence** have various definitions. **Culture** generally refers to, "the shared values, norms, traditions, customs, art, history, folklore, and institutions of a group of people" (Orlandi, Weston, & Epstein, 1992). While the concept of culture is broad and literally has dozens of definitions, these definitions have several recurring themes (Baldwin & Lindsley, 1994). Among these themes are the notions: (1) that culture consists of the totality of learned behaviors of a people; (2) that it is transmitted from generation to generation, that is, from elders to children; (3) that culture gives meaning to life by offering a "world view" that helps a group of people to explain their reality; (4) that it consists of a group of people's shared beliefs, values, ways of making things, customs, behaviors, traditions, and lifestyle; (5) that it offers a community of people with social norms and moral values on "how life should be lived," and (6) that via a culture's art, music, folklore, and other forms of creative expression that it captures the soul, character, and essence of a group of people. Culture is important because it offers a group of people the information that binds them into a cohesive group. Culture promotes a sense of "we-ness," kinship, belonging, and group identity.

Within the United States, there exist various groups of people that bind together along ethnic/racial lines as the result of a common social origin, migration history, language, life experiences, and a common culture. These groups of people may differ from one another regarding their health needs and in how they conceptualize health and illness (Harwood, 1981). Approaches towards health, illness and health needs are determined by culture as well as by socioeconomic factors. In particular, access to health care is associated with socioeconomic status. Overall the broad diversity in health orientation, health status, access to health care, and general needs for health services that exists in US society today requires a recognition and deep appreciation for this diversity, that is, it requires cultural competence.

**Cultural Diversity** refers to, "differences in race, ethnicity, language, nationality, or religion among various groups within a community, organization, or nation. A city is said to be culturally diverse if its residents include members of different groups" (Orlandi, et al., 1992). **Cultural Competence** refers to knowledge, attitudes, and policies within an agency which allows individuals to work effectively in cross cultural situations. This requires the willingness and ability to utilize community-based values, traditions, and practices in developing and evaluating interventions, communication, and other activities (ADHS Center for Minority Health, 1994).

## D. The Health of Populations: Some Socioeconomic/Sociocultural Premises

Most societies worldwide have socioeconomic strata (e.g., upper, middle, and lower social classes) and they contain cultural, ethnic, or religious subcultures. In the United States, persons in the lower social classes, and ethnic/racial populations (which are over-represented in the lower social classes) exhibit a poorer health status as compared with mainstream, middle class persons. In community settings, socioeconomic and cultural factors are often correlated and have reciprocal effects, e.g., having limited English skills is associated with having a lower income (Harper & Lambert, 1994).

Through a process of acculturation, some members of ethnic/racial groups acquire middle class/mainstream skills and some migrate out of poverty, while others do not. Degrees in extent of upward economic and cultural mobility create diversity within and between the populations that make up a society. Some members of ethnic/racial groups develop bilingual/bicultural (or multicultural) skills and identities, while other members maintain a single cultural orientation. Various health-related factors including access to health services, health beliefs, compliance with treatment, health behaviors, social support networks, and overall health needs are determined, in part, by this complex of economic, social, and cultural conditions. This acculturative contact and exchange between members of various ethnic/racial groups and across socioeconomic strata adds richness but also complexity to the needs and expectations for health services that exist among members of US society. The presence of this rich complexity further underscores the need for health providers to understand in-depth the nature of this variation.

## E. Equal Employment Opportunity Implications in Cultural Competence Assessment

### 1. Importance of a Culturally Competent Staff

*The concept of organizational cultural competence relates to the organization's willingness and ability to understand and incorporate community-based values, traditions, and practices into its structure and operations. The delivery of comprehensive and effective services to customers and clients requires a staff that understands the community, can relate to its needs, and can communicate freely.* This makes operational sense when designing and developing management and organizational objectives.

In addition, another important dimension should be considered in the design of a culturally competent work force. Employers with over fifteen employees or employers who contract with the federal government must adhere to equal employment opportunity (EEO) and affirmative action guidelines. Therefore, an organization seeking to set multicultural objectives must also consider the implications of affirmative action and EEO compliance obligations. The level of employee capability and capacity relevant to cultural competence will have a direct bearing on the organization's EEO profile. That is, an all white organization that operates in a mixed community will tend to have less understanding and appreciation of the diversity of its clients and customers than an organization that is comprised of employees that reflect a proportional representation of the local community population. Unfortunately, an organization's work force will tend to perpetuate its existing staff

profile since notice of job vacancies and availability tend to be distributed principally through its current employees. New recruitment tends to reflect the existing composition of the work force.

In studying employee cultural competence levels, the EEO review should also include an analysis of the current work force and a comparison of the ethnic, racial, and gender composition of the organization relative to the local community and the available labor force. This test is used by government compliance officers and litigation attorneys when determining the presence of employment discrimination by statistical inference.

In addition, it is appropriate to review statuses and laws that consider ethnic, racial, and gender issues relevant to public agency operations. Federal and state compliance agencies which administer or enforce non-discrimination laws place EEO requirements on private sector and public entities. Compliance with EEO falls within the jurisdiction of a number of Civil Rights Laws and entails at least three areas of responsibilities. Government authority that requires affirmative action compliance is administrative, as compared to legislative or constitutional. In addition, several non-discrimination or EEO laws are a result of congressional action that provides statutory authority.

## 2. Affirmative Action

Affirmative action compliance requirements are mandated by Presidential Executive Order No. 11246. These requirements are administered and enforced by the Office of Federal Contract Compliance Programs, in the United States Department of Labor. Employers who contract with the federal government are required to fulfill expectations of non-discrimination and to affirmatively recruit under-represented groups including ethnic minorities and women, to reflect the local community's labor force.

An affirmative action program is a set of **specific and result-oriented procedures** to which a contractor commits itself to comply with good faith effort. An acceptable affirmative action program must include an analysis of areas within which the contractor is deficient in its utilization of under-represented groups including ethnic minorities and women. In addition, goals and timetables must be used as guidelines against which the contractor's good faith efforts are directed. The goal is to correct the deficiencies and thus to achieve prompt and full utilization of underrepresented groups at all levels and in all segments of its work force where deficiencies exist.

The required utilization analysis includes an examination of the distribution of ethnic minorities and women in the categories where they have been historically under-represented, which include: officials and managers, professionals, technicians, sales workers, office and clerical, and craftsmen. A work force analysis is a listing of each job title, ranked from the lowest paid to the highest paid within each department or other similar organizational unit including unit supervision. Different or separate lines of progression or promotional sequences must be indicated to show the employee distribution. For each job title, relevant data includes: the total number of incumbents, the total number of male and female incumbents, and the total number of male and female incumbents in each of the following groups: African Americans, Asian Americans/Pacific Islanders, Latinos/Hispanic Americans, and Native Americans/American Indians.

Further analysis includes examination of all major job groups with an explanation of whether ethnic minorities and women are currently underutilized in any of the groups. "Underutilized" is defined as having fewer ethnic minorities or women in a particular job group than would reasonably be expected by their availability. This utilization analysis is conducted separately for ethnic minorities and for women.

In determining whether there is underutilization in any of the job groups, the following factors should be considered: (1) the particular population of the labor area surrounding the facility; (2) the size of the ethnic minority unemployment force in the labor area surrounding the facility; (3) the percentage of the particular population work force as compared with the total work force in the immediate labor area; (4) the general availability of underrepresented groups having requisite skills in the immediate labor area; (5) the availability of underrepresented groups having requisite skills in an area which the contractor can reasonably recruit; (6) the availability of promotable and transferable underrepresented groups within the organization; (7) the existence of training institutions capable of training persons in the requisite skills; and (8) the degree of training which the contractor is reasonably able to undertake as a means of making all job classes available to underrepresented groups.

Upon completion of the work force and utilization analysis, further action will rely on the conclusions of this analysis. Where deficiencies exist and where numbers or percentages are relevant in developing corrective action, specific goals and timetables should be established separately for ethnic minorities and women.

The goals and timetables developed by the contractor should be attainable in terms of the agency's analysis of the deficiencies and its entire affirmative action program. Thus, in establishing the size of its goals and the length of its timetables, the agency should consider the results which could reasonably be expected from its putting forth every *good faith* effort to make its overall affirmative action program work. Violations of these contractual provisions may be cause to withhold, suspend, or terminate federal government funds, freeze existing federal contracts, require a return of contract funds previously received, and disbarment from future contracting opportunities.

### 3. The Civil Rights Act of 1964

This federal legislation was enacted to enforce the constitutional right to vote, to confer jurisdiction upon the district courts of the United States, to provide injunctive relief against discrimination in public accommodations, to authorize the Attorney General to institute law suits to protect constitutional rights in public facilities and public education, to extend the Commission on Civil Rights, to prevent discrimination in federally assisted programs, to establish a Commission on Equal Employment Opportunity, and for other purposes. Two titles or sections within the Civil Rights Law, Title VI and Title VII, place EEO obligations on employers. Title VII of the Civil Rights Act of 1964, as amended, prohibits private employers, state and local governments, and educational institutions having fifteen or more employees from discrimination against their employees and job applicants on the bases of national origin, race, color, sex, or religion. This title can be considered as a passive law with regards to affirmative action, but an aggressive law in processing violations of anti-discrimination statutes. The Equal Employment Opportunity Commission (EEOC) is the lead federal

agency responsible for issuing guidelines on discrimination, investigation of individual and class charges of discrimination, and coordinating the federal EEO effort. Title VI prohibits the exclusion of individuals from participation, denial of benefits, and discrimination under federally assisted programs or activities receiving federal financial assistance, on the grounds of race, color, or national origin. Under Executive Order 12250, the US Department of Justice is responsible for ensuring that funding agencies enforce the provisions of Title VI.

# II. THE ADHS NEEDS ASSESSMENT: APPROACH AND METHODOLOGY

## II. THE ADHS NEEDS ASSESSMENT: APPROACH AND METHODOLOGY

### A. Method

#### 1. Collaboration with the ADHS Center for Minority Health Internal Task Force

Through the course of this Cultural Competency Needs Assessment, the evaluation team from the ASU HRC worked in conjunction and collaboration with the ADHS Center for Minority Health Internal Task Force. This collaborative effort contributed to the overall quality of the Cultural Competency Needs Assessment by assuring that the data collected was relevant to the particular needs of the ADHS. The HRC evaluation team met several times with the ADHS Center for Minority Health Internal Task Force in order to review all the steps in the process, including areas of interest, pertinent questions to be addressed in survey development, design of the sampling plan, and the data gathering method. As originally conceived, the Arizona State Hospital (ASH) was not to be included in this assessment. However, after much thought, consideration, and discussion by the ADHS Center for Minority Health Internal Task Force it was decided that the ASH should be included in this needs assessment.

Further, the HRC evaluation team worked with the ADHS Center for Minority Health Internal Task Force on all major decisions regarding this project. This includes, a review of the survey instruments and the sampling plan as well as a review of the preliminary results. This ongoing collaboration with the ADHS Center for Minority Health Internal Task Force aimed at improving the quality of this needs assessment by "grounding" the contents of the survey with the real issues that exist within ADHS and that are in need of examination.

In addition, several issues were discussed concerning the scope of this assessment. One such issue was whether or not to include the cultures of gender, handicap, sexual preference, and religion. It was unanimously decided that for the purposes of this Cultural Competency Needs Assessment that the focus would be on the four ethnic/racial groups, i.e., African Americans, Asian Americans/Pacific Islanders, Latinos/Hispanic Americans, and Native Americans/American Indians. Further, in consultation with the ADHS Center for Minority Health Internal Task Force, the HRC assessment team decided that two survey instruments should be developed; one for ADHS administrators and one for ADHS staff.

#### 2. Instrument Development

Two survey instruments were developed specifically for the purposes of this Cultural Competency Needs Assessment. This was accomplished by conducting a review of available literature and assessment instruments in the field of cultural competency/cultural sensitivity. From this information, pertinent questions, theories, and concepts were gleaned which were used as the conceptual framework in forming a first draft of the survey instruments (Dana, 1993). The ADHS Center for Minority Health Internal Task Force also provided "local" input on what they felt were pertinent areas to address specifically for the ADHS. This input provided "in-the-trenches" perspectives from persons who are actively employed at ADHS.

The Hispanic Research Center's evaluation team contacted eight outside consultants who are recognized nationally as experts on ethnic research/cultural competency among one of the four targeted ethnic/racial groups. These consultants were asked to critique and recommend improvements for the evolving survey instruments. These expert consultants and their respective areas of expertise included: JoAnn E. Glittenberg, R.N., Ph.D., University of Arizona (Native Americans/American Indians); Carolyn Tucker, Ph.D., University of Florida (African Americans); Ronald J. Iannotti, Ph.D., Miami University (Asian Americans/Pacific Islanders); William Hunt, Ph.D. University of California, Los Angeles (African Americans); Teresa La Frombois, Ph.D. Stanford University, (Native Americans/American Indians); Judith Arroyo, Ph.D., University of New Mexico (Latinos/Hispanic Americans); David Takeuchi, Ph.D., University of California, Los Angeles (Asian Americans/Pacific Islanders); and James Morishima, Ph.D., University of Washington (Asian Americans/Pacific Islanders). These expert consultants reviewed the survey instruments and suggested deletions and additions in content. Consultant feedback was integrated into the next draft of the survey instruments. The ADHS was then invited to name consultants of their own choosing to review the survey instruments. These consultants included: Clay Dix, Arizona State University; Frank Dukepoo, Flagstaff, Arizona; and, Tessie Guillermo, Asian and Pacific Islanders American Health Forum. ADHS consultant feedback received was also incorporated into the next draft of the survey instruments.

The ADHS Center for Minority Health Internal Task Force was then invited to review drafts of the survey instrument at their regularly scheduled meeting. In addition, at the ADHS Center for Minority Health Internal Task Force meetings suggestions and feedback also were incorporated into the survey instrument. The careful process by which the survey instruments were developed resulted in instruments which would maximize the usefulness of the data for the express purposes of the ADHS by "grounding" its contents according to issues most relevant to ADHS.

As the result of these efforts, the Administrative Survey consisted of 107 items which addressed: informational knowledge, attitudes, values, behaviors, cultural involvement, cultural interest, organizational structure, communications, unit operations, system-wide policies, leadership, strategic plans, and demographics. The Staff Survey consisted of 117 items which addressed: informational knowledge, attitudes, values, behaviors, cultural involvement, cultural interest, the office environment, perceived cultural competency of the unit, perceived training needs, training preferences, health-related services, perceived barriers to health services, and demographics. Upon further consultation with the ADHS Center for Minority Health Internal Task force it was decided that the Staff Survey should be translated into Spanish for those staff members who were Spanish monolingual. This translation was conducted by staff of the ASU HRC.

### 3. Sampling Plan

In consultation with the ADHS Center for Minority Health Internal Task Force, it was decided generally to sample about 25% of persons employed at ADHS, while sampling in a lower proportion at ASH, and while oversampling ethnic minorities. Table 1 shows information on ADHS employees for various employee categories that is crosstabulated by ethnic/racial status. Thus, this table shows various employee "strata" (employee groups), which are: (1) total number of ADHS employees, (2) administrators, (3) staff excluding the ASH, (4) staff from the ASH, and (5) total (non-

administrative) staff. For these strata (employee groups), Table 1 shows the total number of employees within group, broken down by ethnic/racial status. It also shows (in parenthesis) the proportion of employees within group who would be targeted for sampling, and the actual number thus targeted for selection. For example, 10% of the 543 ASH staff who are Anglo Americans were targeted for sampling, yielding a total of 54 of these employees, who were identified for participation via random selection.

Employees selected to complete the Administrative Survey met at least one of the following two criterion: (1) grade level 22 or higher, or (2) have supervisory and/or policy making responsibilities with ADHS. All employees who met at least one of these two criterion were targeted to complete the Administrative Survey. The remainder of the ADHS employees (or all those not selected to complete the Administrative Survey) were eligible to be chosen to complete the Staff Survey. Employees selected for the Staff Survey were also chosen via a stratified random sampling plan. Given the relatively low percentages of ethnic minority employees within ADHS, it was decided to **oversample** individuals from these groups (Kalton, 1983). As a result, as shown in Table 1, for Asian Americans/Pacific Islanders (total n = 41) and Native Americans/ American Indians (total n = 39) the sampling percentage was set at 100%. For African Americans (total n = 129) the sampling percentage was set at 79% resulting in a total targeted number of 102. And, for Latinos/Hispanic Americans (total n = 220) the sampling percentage was set at 50% resulting in a total targeted number of 110. By contrast, given that ASH is a large organization that has many employees with similar job categories, it was decided to undersample ASH employees in the percentages by group shown in Table 1. As indicated in Table 1, those employees of ASH who were not members of an ethnic minority group (or who were Anglo American) were sampled at 10%. Those employees of ADHS who were not employed at ASH and who were Anglo American were randomly sampled at 15%.

Table 1. Sampling Plan: Sampling Percentages for Groups of ADHS Employees

| | | Anglo Americans | African Americans | Latinos/ Hispanic Americanss | Asian Americans/ Pacific Islanders | Native Americans/ American Indians | Total |
|---|---|---|---|---|---|---|---|
| (1) | Totals within ADHS | | | | | | |
| | Employees | 1363 | 182 | 228 | 53 | 35 | 1861 |
| (2) | Administrators | | | | | | |
| | Administrators[a] | 163 | 9 | 10 | 8 | 0 | 190 |
| | Sampling Percent[b] | (100) | (100) | (100) | (100) | (100) | (100) |
| | Targeted Sample | 163 | 9 | 10 | 8 | 0 | 190 |
| (3) | Staff (excluding ASH) | | | | | | |
| | Staff | 643 | 19 | 127 | 24 | 25 | 838 |
| | Sampling Percent[b] | (15) | (100) | (50) | (100) | (100) | (27.2)[c] |
| | Targeted Sample | 96 | 19 | 64 | 24 | 25 | 228 |
| (4) | Staff from ASH | | | | | | |
| | Staff | 543 | 110 | 93 | 17 | 14 | 777 |
| | Sampling Percent[b] | (10) | (75) | (50) | (100) | (100) | (27.5)[c] |
| | Targeted Sample | 54 | 83 | 46 | 17 | 14 | 214 |
| (5) | Staff Total | | | | | | |
| | Staff | 1186 | 129 | 220 | 41 | 39 | 1615 |
| | Sampling Percent[b] | (12.6) | (79) | (50) | (100) | (100) | (27.4)[c] |
| | Targeted Sample | 150 | 102 | 110 | 41 | 39 | 442 |

Note: ASH is Arizona State Hospital. Under this sampling plan, a total of 190 administrators and 442 staff were targeted for participation.
a. This survey targeted 100% of administrators (N = 190). b. Sampling percentages for each ethnic/racial group were chosen as shown.
c. The selected percentages yielded an overall sampling proportion of 27% for staff across the organizations.

Using this sampling plan, 190 employees were chosen to complete the Administrative Survey and 442 employees were chosen to complete the Staff Survey. This resulted in 632 individuals from a total employee workforce of 1,868, thus representing 34% of all employees at the ADHS targeted to participate in this needs assessment by completing either the Administrative or Staff survey form. A return rate of 80% (506 respondents) was set as a goal.

**4. Data Gathering**

Site Coordinators were recruited to assist in the data collection procedure. One primary Site Coordinator was identified for each division in order to facilitate the data collection. Thirteen lists were generated from ADHS files. These lists were separated by ADHS Division (Divisions 1 through 12 and one Miscellaneous Division category). Every name on each list was annotated with the type of survey (Administrative or Staff) that a given individual was to complete. The Site Coordinator was responsible for the distribution of surveys as specified on the list of randomly selected names that was provided by the Assistant Evaluator. Although the Site Coordinator was available to answer any questions about the survey, individual questions were to be discussed only for the sake of clarity. The Site Coordinators were not to review the completed surveys.

To safeguard the identity of each participant, pre-numbered sign-in sheets were provided to the Site Coordinators. Selected employees were asked to appear at a specified room within their division at the times made available by the Site Coordinators. These employees were asked to sign-in thus obtaining an identification number. This identification number was to be written on every page of the survey. As each survey was anonymous, under no circumstances were employees to put their names on the survey form. At the end of each day of data collection, the Site Coordinator was instructed to fax the sign-in sheet to the Assistant Evaluator at the ASU HRC. The Site Coordinator was then to mail the original sign-in sheet via US Mail. No other copies of the sign-in sheets were to be made. Only the sign-in sheets linked the individual completing a survey with their survey. These sign-in sheets were used solely by the Assistant Evaluator to inventory the completed forms and to oversee the data gathering procedures and were destroyed upon completion of the data gathering phase of this needs assessment.

Completed surveys were to be delivered to the ADHS Center for Minority Health the day that they were completed or as soon as possible thereafter. These survey batches were kept in a secure location until retrieval by the Assistant Evaluator. A variation to this data collection procedure occurred at the ASH, where the completed forms were maintained inside the Site Coordinator's locked office and then retrieved by the Assistant Evaluator.

Generally the data collection was conducted in two waves. An inventory was conducted after the first week of data collection and new lists were generated of targeted employees who had not yet completed their survey. Data collection was completed in all but one division by the end of the second week of data collection. Only division 6 required a third wave of data collection in order to obtain an acceptable return rate from that division.

## 5. Data Management

The data management software utilized on this project was SPSS for Windows, Release 6.0. The completed data forms were maintained in a locked file cabinet within the HRC. The sign-in sheets were stored in a separate locked file cabinet within the same office and were destroyed upon completion of the data gathering procedure. Two data files were created, one for the Administrative Survey and one for the Staff Survey. A codebook was established within the data management software in order to facilitate the data analysis. The raw data was entered and a backup file was created at several intervals in this process.

## 6. Data Analysis

Data analysis proceeded in four stages: (1) data clean-up, (2) analysis of item and scale properties, (3) scale construction and recodes, and (4) descriptive analyses. In Stage 1, the data clean-up involved the analysis of frequency listings for each variable in order to identify miscodes or out-of-range values. In rare instances where an erroneous value was observed, the Assistant Evaluator examined the original protocol and entered the correct value for the given case.

In Stage 2, reliability analyses were conducted for groups of items that were designed to operate as scales. In determining scale properties, the Administrative and Staff survey files were analyzed separately. For each prototypical scale, Cronbach's alpha coefficients that measure scale internal consistency were computed (DeVillis, 1991). On occasions where one or more items reduced alpha values, this item or items were removed from the scale for the given sample, i.e., administrative or staff.

Separately for the administrative and staff datasets, in Stage 3, scale items were recoded where necessary and compute statements were written to create the proper scale for each of the relevant key variables. Finally, in Stage 4, frequency distributions, mean, and standard deviation, and other parameters were generated in descriptive data runs. Results of these runs were used to create the tables presented in the Results section.

# B. Key Variables

The scale development analyses conducted in Stages 2 and 3 of the data analysis generated the scales and the total knowledge score. These scales were developed from the sets of items included in Section I "Your Views," a section that is contained in both the Administrative Survey (Form A) and the Staff Survey (Form B).

## 1. Knowledge of Cultural Groups

This knowledge test and its total score provides a measure of the informational knowledge of the respondent. This test consists of 14 items with each item consisting of a multiple choice (4-choice) format. Items asked about demographic and cultural characteristics of members of the four major ethnic/racial groups in the US: African Americans, Latinos/Hispanic Americans, Asian Americans/Pacific Islanders, and Native Americans/American Indians.

**2. Attitude Towards Diversity**

This 10-item scale evaluates the respondent's feelings about issues relevant to ethnic/racial populations including prejudice, speaking Spanish, affirmative action, assimilation, and ethnic pride. Items are worded to reflect pro-minority and anti-minority sentiments, with anti-minority items reverse coded before calculating the attitude towards diversity score (Oskamp, 1991). Each item is measured on a 5-point attitudinal dimension that ranges from 1 = Strongly Disagree to 5 = Strongly Agree.

**3. Value of Diversity at Work**

This 8-item section examines the importance of various job conditions as these may promote diversity in the work setting. Among the eight items, five are worded in favor of diversity enhancement, and three are worded in opposition to diversity. Each item is rated on a 6-point dimension that ranges from 1 = Not at all Important to 6 = Most Important. Scale properties differed for the ADHS administrative and staff samples, as indicated in Table 5. Scale items ask about the importance of treating others with respect, endorsing diversity, and preferences for a diverse work environment.

**4. Cultural Competence Behaviors**

This 7-item scale examines the respondent's level of commitment and involvement in various cultural activities. Items ask about how frequently the respondent has attended the cultural events of people from a culture different from his or her own. Similarly, other items ask about reaching out to meet or help people from another culture, and engaging in social or political discussions with people from another culture. Items are rated on a dimension of frequency that ranges from 1 = Never (Not at all) to 6 = Always (About Daily).

**5. Cultural Involvement**

The measures of cultural involvement are presented in a 16-item section which yields four 4-item scales that evaluate level of involvement in the cultural activities of four ethnic/racial cultures (African American, Latino/Hispanic American, Asian American/Pacific Islander, Native American/American Indian). Each item is rated on a 6-point dimension that ranges from 1 = Never (Not at all) to 6 = Always (About Daily). For each ethnic/racial group, frequency of personal involvement during the past year is evaluated for four specific activities: (1) attending a social gathering, (2) spending time with a family, (3) working on a program or project that helps a given ethnic/racial community, and (4) reading literature written by a writer from a given ethnic/racial group.

**6. Preparedness for Cultural Competence Training**

This 5-item scale measures the respondent's desire and intentions to learn more about various ethnic/racial cultures, along with a preparedness to participate in cultural competence training. Items are rated on a 5-point dimension that ranges from 1 = Strongly Disagree to 5 = Strongly Agree.

# III. THE SAMPLE: ADMINISTRATORS AND STAFF

## III. THE SAMPLE: ADMINISTRATORS AND STAFF

Participant selection began with a listing of all ADHS employees with self-identified ethnicity denoted. All employees who were listed as being either Asian American/Pacific Islander or Native American/American Indian and were not selected to complete an Administrative survey were selected for the staff survey. Employees identified as African American or Latinos/Hispanic American and who were not selected for the Administrative survey were randomly selected based on the previously discussed percentages. The Anglo American employees were randomly selected using a percentage of 10% for the Arizona State Hospital staff and 15% for other staff, as shown in Table 1.

### A. Total Survey Sample

Table 2 shows the results of surveys distributed and completed. Under the sampling plan, a total of 190 administrators and 442 staff were targeted to participate in this needs assessment. Of the administrators targeted, 175 (92%) completed a survey. Of the staff members targeted 326 (74%) completed a survey. This resulted in a total of 501 ADHS employees who participated in this needs assessment. These 501 participants represented an overall response rate of 79%. Moreover, these 501 employees represented about 27% of all ADHS employees.

Table 2. Surveys Distributed and Completed

| | Administrators | Staff | Total Number | Percent* |
|---|---|---|---|---|
| Surveys distributed | 190 | 442 | 632 | 100 |
| Surveys returned completed | 175 | 326 | 501 | 79 |
| Percent Completed | 92 | 74 | | |
| *Total surveys not completed* | | | *131* | *21* |
| Employees on leave, not in office | | | 14 | 2 |
| Employees no longer with ADHS | | | 13 | 2 |
| Refusals | | | 10 | 2 |
| No response | | | 94 | 15 |

*NOTE: Percentages are rounded to nearest whole number.

### B. Ethnic/Racial Characteristics in Total Sample

Table 3 shows participant characteristics by ethnicity/racial status. A total of 456 individuals provided information on ethnic identifier. Also, Figure 1 shows that for the Total Sample, 60 (13%) were African Americans; 244 (54%) were Anglo Americans; 34 (7%) were Asian Americans/Pacific Islanders; 60 (13%) were Latinos/Hispanic Americans; 24 (5%) were Native American/American Indians; 24 (5%) were of mixed background; and 10 (2%) self-identified as "Other," for a total of 7% as "mixed background" or "other." Forty-five participants representing 9% of the total sample surveyed did not respond to the item that asked about ethnic status.

**:nder Identification - Administrative Survey**

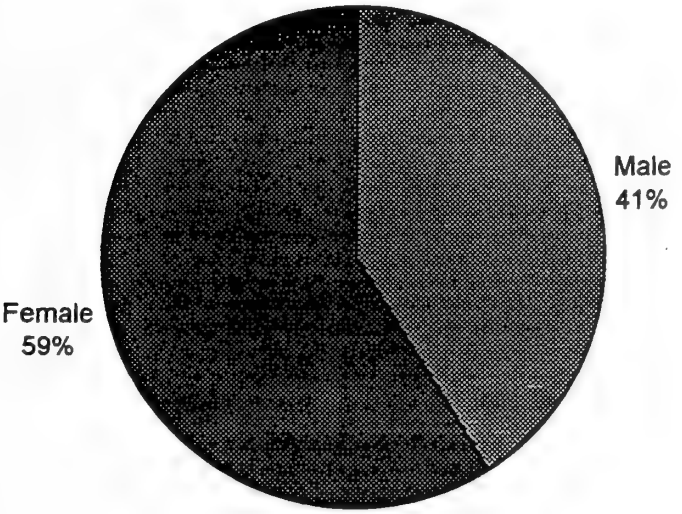
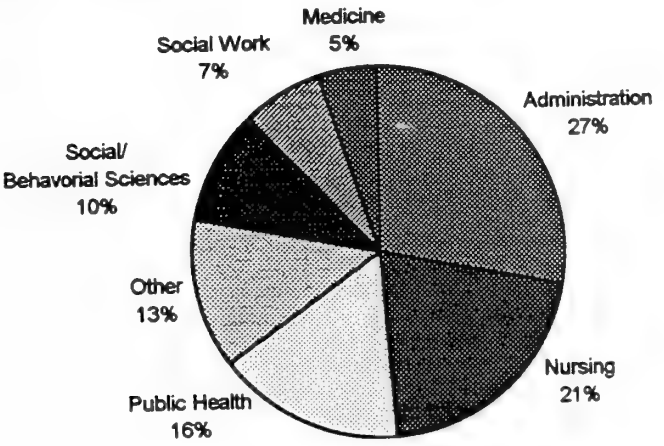



**Figure 4. Professional Identity - Administrative Survey**




## Gender, Ethnic/Racial Identification, and Status within ADHS

It is interesting to note that when examining higher versus lower grade level, a relationship appears between grade level and gender, and between grade level and ethnic minority status. For the total sample of administrators, 59% were female and 41% were male. At the highest grade levels, among 19 individuals at grade level 24 or above, 11 (58%) were male and 8 (42%) were female. Further analysis shows that for those who completed the Administrative Survey, males had a mean grade level of $M = 21.65$, while females had a mean grade level of $M = 20.57$. This difference was significant, $t = 2.16$, $p < .05$. This finding held for those who responded to the Staff Survey. That is that males had a mean grade level of $M = 16.61$, while females had a mean grade level of $M = 14.51$. This difference was significant, $t = 4.24$, $p < .0001$. This means that

for those ADHS employees who responded to either survey, men had a significantly higher grade level on average than women, even though women constitute the majority of the labor force at the ADHS.

Similar analyses were conducted to examine the relationship between grade level and ethnicity. At the highest grade levels, for those 19 individuals at grade level 24 or above, 17 (89%) were Anglo American and 2 (11 %) were African American. For those who responded to the Administrative Survey, Anglo Americans had a mean grade level of $M = 21.64$ and ethnic minorities as a group had a mean grade level of $M = 19.18$. This difference was significant, ($t = 4.23$, $p < .0001$). For those who responded to the Staff Survey, Anglo Americans had a mean grade level of $M = 16.41$, and ethnic minorities as a group had a mean grade level of $M = 14.65$. This difference was significant, $t = 3.24$, $p < .0001$. This means that for those ADHS employees who responded to either survey, Anglo Americans had a significantly higher grade level on average than ethnic minorities.

**In summary, for those ADHS employees who participated in this study, men had a significantly higher grade level on average than women even though women constitute the majority of the labor force at the ADHS. And, Anglo Americans had a significantly higher grade level on average than ethnic minorities. Clearly women and ethnic minorities are underrepresented at the higher levels of administration within ADHS.**

## D. Staff Characteristics

Of the participants who completed the Staff Survey, 267 (91%) reported being born in the United States, 315 (97%) reported speaking English, 144 (44%) reported speaking at least some Spanish, and 29 (19% ) reported speaking at least a little of another language. As shown in Figure 5, regarding ethnic/racial identity, 116 (41%) of participating staff self-identified as being Anglo American/White; 50 (18%) as African American/Black; 23 (8%) as Asian American/ Pacific Islander; 46 (16%) as Latino/Hispanic American; 21 (7%) as Native American/American Indian; 19 (7%) as being of mixed ethnic/racial background, and 8 (3%) as "other." Of the total staff survey sample, 43 individuals (13%) did not respond to this item.

Regarding gender identification, 108 (34%) of participating staff were male, while the remainder 210 (66%) were female (see Figure 6). Fifty-seven (18%) reported being never married, 166 (52%) reported being currently married and 94 (30%) listed their marital status as "other." Regarding educational status, 16 (5%) of those who completed a staff survey reported having less than a high school education. One-hundred-two (33%) reported their highest level of education as a high school diploma, 69 (22%) had an Associates degree or two years of college, 77 (25%) had a Bachelor's level degree, 41 (13%) had a Master's level degree, and 6 (2%) had a Doctorate or medical degree. Regarding professional identity, 48 (16%) self identified as being in nursing, 17 (6%) in social work, 40 (13%) in public health, 17 (10%) in the social/behavioral sciences, 73 (24%) in administration, and 105 (35%) indicated "other" as their professional identity (see Figure 7).

**Figure 5. Ethnicity - Staff Survey**

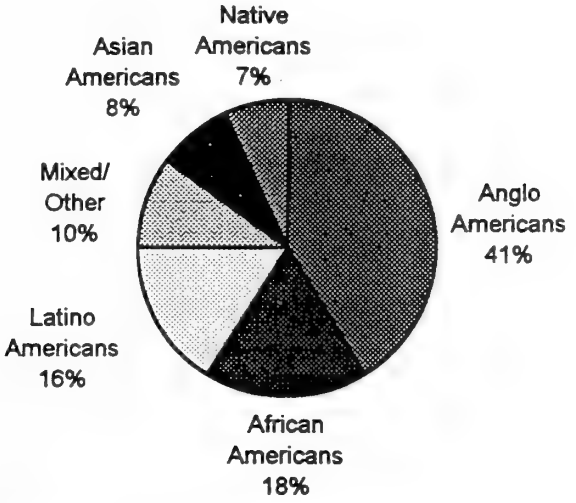



**Figure 6. Gender Identification - Staff Survey**

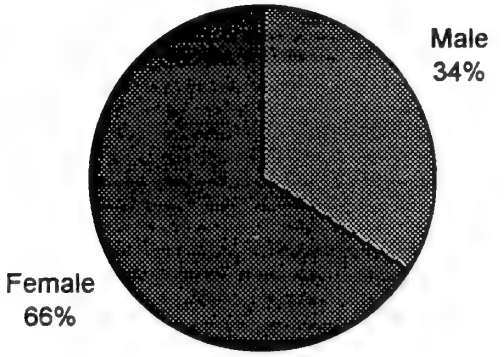
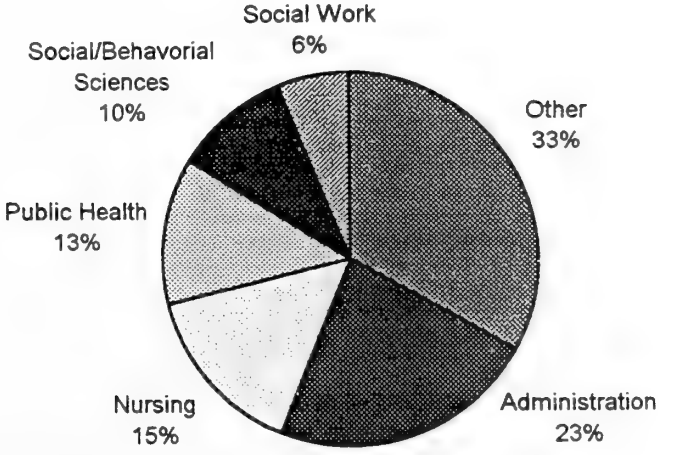



**Figure 7. Professional Identity - Staff Survey**



## E. EEO Employment Profile

Table 4 shows the EEO profile from the needs assessment survey sample, from the ADHS agency employee listing, from the Arizona Department of Administration, from the Arizona Civilian labor force, and from the Arizona population based on the 1990 census statistics (US Census, 1990). Data for these groups is presented by ethnic/racial status, and by gender. The numbers of ADHS staff by ethnic/racial group in Table 4 differ slightly from their respective numbers in Table 3 due to month-to-month fluctuations in staff size that occur within a large organization such as ADHS. Comparisons of ADHS staff by ethnic/racial status show that Latino/Hispanic employment at ADHS (13.1%) is below the group's availability in the Arizona civilian labor force (16.8%). African Americans at ADHS (10.0%) are represented at a rate higher than their proportion within the Arizona labor force (2.6%). Native Americans/American Indians at ADHS (2.2%) are represented somewhat below their availability in the labor force (3.5%). By contrast, Asian Americans/Pacific Islanders constitute 2.9% of the ADHS labor force and 1.5% of the Arizona labor force. Finally, Females represent 45% of the Arizona labor force and they constitute 64.6% of ADHS staff.

Table 4. Labor Force Representation by Ethnic/Racial Status

| | Survey Sample | | ADHS Listing (6/19/95) | | AZ DOA EEO (6/30/95) | | AZ Civilian Labor Force | | AZ State Population (1990 Census) | |
|---|---|---|---|---|---|---|---|---|---|---|
| | N | % | N | % | N | % | N | % | N | % |
| Anglo American | 244 | 54.0 | 1,251 | 71.6 | 1,307 | 73.7 | 1,316,725 | 75.5 | 2,963,186 | 80.8 |
| African American | 60 | 13.0 | 175 | 10.0 | 158 | 8.9 | 45,114 | 2.6 | 110,524 | 3.0 |
| Latinos/ Hispanic American | 60 | 13.0 | 229 | 13.1 | 223 | 12.6 | 289,527 | 16.8 | 688,338 | 18.8 |
| Asian Americans/ Pacific Islanders | 34 | 7.0 | 51 | 2.9 | 50 | 2.8 | 25,807 | 1.5 | 55,206 | 1.5 |
| Native Am/American Indian | 24 | 5.0 | 40 | 2.2 | 35 | 2.0 | 61,084 | 3.5 | 203,527 | 5.6 |
| Female | 318* | 64.9* | 1,128 | 64.6 | 1,145 | 64.6 | 778,827 | 45.0 | 1,854,537 | 50.6 |
| Totals | 456 | 100.0 | 1,746 | 100.0 | 1,773 | 100.0 | 1,743,200 | 100.0 | 3,665,228 | 100 |

Note: ADHS refers to Arizona Department of Health Services. AZ DOA EEO refers to the Arizona Department of Administration, Equal Employment Opportunity data. (See Table 3 for listing of Survey Sample.)
*Based on 490 cases for whom gender identification was available.

# IV. RESULTS

## IV. RESULTS

### A. Individual Level Analyses

As noted previously, Section I of the needs assessment survey forms examined individual factors in six areas: (1) knowledge of ethnic/racial issues, (2) attitudes towards diversity, (3) value of diversity at work, (4) culturally competent behaviors, (5) level of cultural involvement, and (6) preparedness for cultural competence training. Results in these six areas were examined here for both administrators and for staff.

Figures 8 and 9 present a profile of individual-level indices of cultural competence respectively for administrators and for staff. For each of nine individualized indices of cultural competence group mean scores were plotted against a standardized scale that ranges from 0 to 100 percent of the indices maximum score. In this manner, a profile of cultural competence could be generated for administrators (see Figure 8) and for staff (see Figure 9). This profile presents a histogram that aids in examining areas of relative strength and weakness for the administrators and separately for the staff. The sections that follow provide details on the performance of administrators and staff on each of these nine indices of cultural competence.

**Figure 8. Key Variables - Administrative Survey**

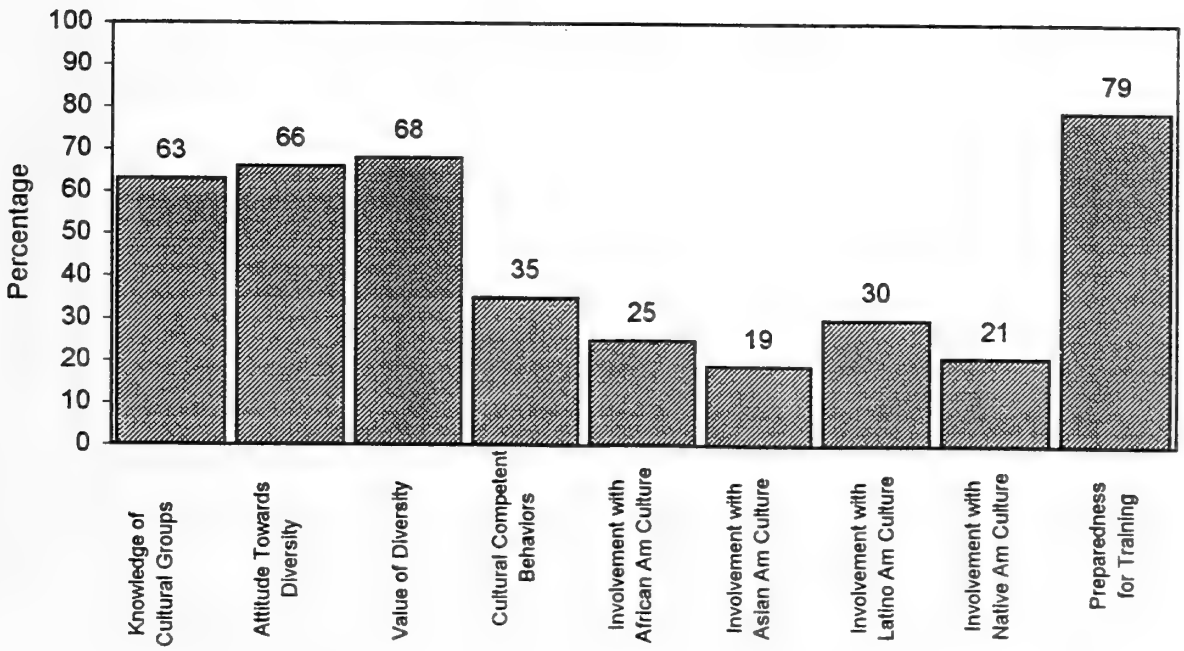


**Figure 9. Key Variables - Staff Survey**

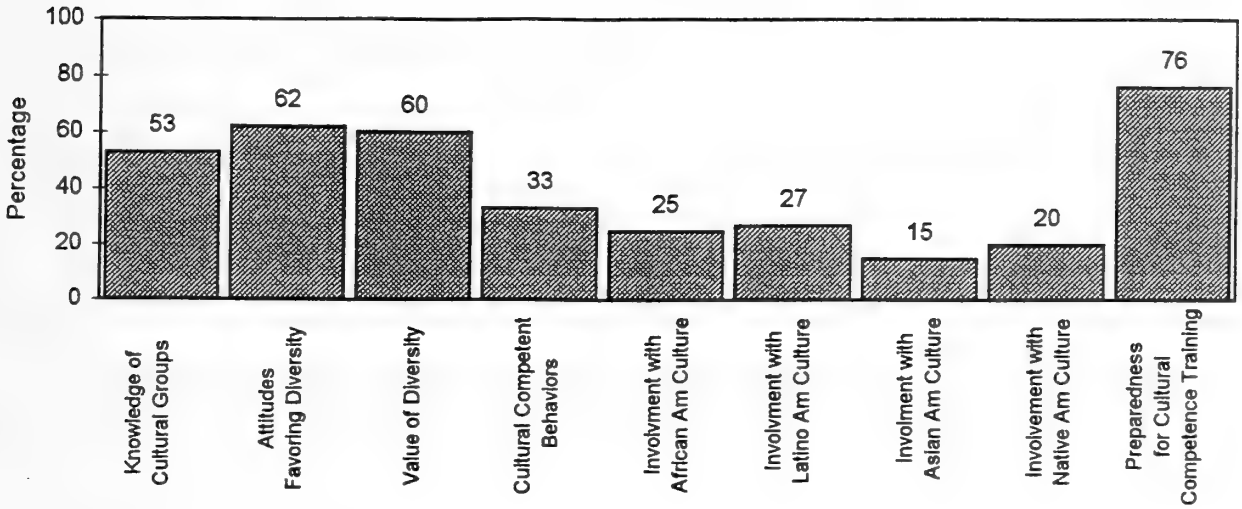



Table 5. Results on Key Variables: Administrators and Staff

| | Administrators (n = 175) | | | | | | Staff (n = 326) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Key Variables** | **n** | **alpha** | **Score Range** | **Sample Range** | **M** | **SD** | **n** | **alpha** | **Score Range** | **Sample Range** | **M** | **SD** |
| Knowledge of Cultural Groups | 14 | NA | 0-14 | 4-12 | 8.76 | 1.88 | 14 | NA | 0-14 | 0-13 | 7.48 | 2.08 |
| Attitude Towards Diversity | 10 | .67 | 1-5 | 2.40-4.80 | 3.62 | 0.52 | 10 | .60 | 1-5 | 1.90-5.00 | 3.49 | 0.53 |
| Value of Diversity at Work | 8 | .73 | 1-6 | 2.38-6.00 | 4.39 | 0.76 | 5 | .73 | 1-6 | 2.50-6.00 | 3.99 | 0.73 |
| Cultural Competence Behaviors | 7 | .88 | 1-6 | 1.00-5.20 | 2.77 | 0.96 | 7 | .85 | 1-6 | 1.00-6.00 | 2.64 | 0.99 |
| **Cultural Involvement** | | | | | | | | | | | | |
| African Americans | 4 | .74 | 1-6 | 1.00-6.00 | 2.25 | .98 | 4 | .85 | 1-6 | 1.00-6.00 | 2.27 | 1.22 |
| Latinos/Hispanic Americans | 4 | .70 | 1-6 | 1.00-5.50 | 2.49 | 1.10 | 4 | .69 | 1-6 | 1.00-5.00 | 2.34 | 1.14 |
| Asian Americans/Pacific Islanders | 4 | .68 | 1-6 | 1.00-5.50 | 1.97 | 0.86 | 4 | .77 | 1-6 | 1.00-6.00 | 1.77 | 0.85 |
| Native Americans/ American Indians | 4 | .71 | 1-6 | 1.00-4.25 | 2.05 | 0.86 | 4 | .83 | 1-6 | 1.00-6.00 | 2.01 | 1.05 |
| Preparedness for Training | 5 | .88 | 1-5 | 1.00-5.50 | 4.16 | 0.67 | 5 | .88 | 1-5 | 1.00-5.00 | 4.04 | 0.75 |

Note: n = number of items. Alpha is Cronbach's coefficient alpha. M = mean score. SD = standard deviation.

## 1. Knowledge

Regarding level of informational knowledge of ethnic/racial issues, as evaluated by the 14-item knowledge test, administrators obtained a mean score (M) of M = 8.76 and staff a score of M = 7.48. These results indicate that on average both the administrators (at 63% of maximum) and staff (at 53% of maximum) correctly answered somewhat over half of these knowledge items (see Figures 8 and 9). The evaluation team set the percentage of correct responses required for "passing" this test at 70% (10 or more of 14 items correct), which is a typical criterion used to evaluate test performance. Under this criterion, 40% of administrators but only 17% of staff could be classified as having "passed" this knowledge test. This result suggests that level of health-related knowledge of basic ethnic/racial issues was good among ADHS administrators, but low among the staff, based on a cut-off of 70% correct as measured by this 14-item knowledge test. Nonetheless, a significant percentage of staff and some administrators scored low on ethnic/racial informational knowledge and can benefit from informational training on cultural aspects of health and wellness relevant to ethnic/racial populations. The need is clear for increasing the informational knowledge of some administrators and of most staff regarding the health needs and issues that affect ethnic/racial populations.

## 2. Attitudes Towards Diversity

The mean scores (M) for this variable revealed that on the 10-item scale of Attitude Towards Diversity that was evaluated on a dimension ranging from Strongly Disagree = 1 to Strongly Agree = 5, administrators had a score of M = 3.62 and staff had a score of M = 3.49. The Attitude Towards Diversity Scale contains items that favor diversity, such as items on the importance of affirmative action to ethnic minority advancement, the advantages of the ability to speak in Spanish, and the importance of ethnic pride. Reverse-scored items also tapped unfavorable attitudes towards diversity including "culture blindness," English only preferences, and a preference for the "melting pot" ideology.

The scores for both administrators (at 66% of maximum) and staff (at 62% of maximum) indicate that, as a group, both groups of employees held similar and mildly favorable attitudes towards diversity as measured by this scale (see Figures 8 and 9). Their mildly favorable scores suggest that contemporary controversies regarding the merits of an ethnic minority orientation as contrasted with the merits of an assimilationist "melting pot" orientation are both present among administrators and staff of ADHS. As a group, ADHS employees on average hold somewhat favorable attitudes towards diversity within this society, while it is noteworthy that Diversity Scale scores ranged from about 1.50 to 5.00 among both administrators and staff. This extensive spread in scale scores highlights the broad range of attitudes regarding diversity that are found within ADHS, attitudes that range from strong opposition to diversity, to strong support for it.

## 3. Value of Diversity in the Workplace

This scale examined the participant's perceived importance of having diversity within the workplace. This scale had somewhat different properties for the administrators than for staff, as indicated by differing numbers of items that were required to obtain an acceptable alpha

coefficient that indicates scale reliability. Nonetheless, with scale adjustments for staff, scale scores for both groups offered a reliable scale that is interpretable on the same dimension that ranges from 1 = Not Important to 6 = Most Important. The administrators exhibited a mean Value of Diversity Scale score of M = 4.39 (68% of maximum) indicating that on average they judged diversity to be 4 = Very Important (see Figure 8). The staff exhibited a mean Value of Diversity Scale score of M = 3.49 (60% of maximum) indicating that staff judged the importance of diversity to be between 3 = Somewhat Important and 4 = Very Important. These results suggest that both staff and administrators of ADHS value diversity within the workplace.

**4. Cultural Competence Behaviors**

The Cultural Competence Behaviors Scale is a 7-item scale that examines actions taken during the past year that promote personal growth in the area of cultural competence. Such actions include attending cultural events, reaching out to help someone from another racial/ethnic group, expressing concerns over inequalities, and a person's general efforts to learn more about other cultures. Scores on this behavior frequency scale range from: 1 = Never (Not at all) to 6 = Always (About Daily).

The administrators as a group exhibited a mean score on this scale of M = 2.77 (35% of maximum) and staff exhibited a mean score of M = 2.64 (33% of maximum) (see Figures 8 and 9). These scores for both groups suggest that during the past year, the frequency of culturally-oriented actions enacted by these respondents ranged between 2 = Rarely (Once per year) and 3 = Sometimes (Once per 4 months). Thus, individual actions that expanded the respondent's cultural understanding occurred infrequently, that is only about 1 to 3 times per year. Given this limited exposure to these cultures, a significant need and opportunity exists for increasing employee exposure to other cultures. Ideally, such exposure can be provided often enough to increase understanding and appreciation for the customs, traditions, and world views of members of other cultures.

**5. Cultural Involvement**

This section examined the individual's level of cultural involvement in each of four culture-related activities enacted with members of each of the four ethnic/racial groups: African Americans, Asian Americans/Pacific Islanders, Latinos/Hispanic Americans, and Native Americans/American Indians. The four cultural activities examined for each group were: (1) attending a social or cultural gathering; (2) visiting a family; (3) reading a book, article or poem; and (4) working on a project. Frequency of active involvement was measured on a dimension ranging from: 1 = Never (Not at all) to 6 = Always (About daily). Thus, a scale score for level of cultural involvement was generated for involvement with each of the four ethnic/racial cultures.

The general scores presented here are <u>not</u> adjusted for whether the respondent him or herself is a member of a given ethnic/racial group, thus increasing the likelihood that such persons would have a slightly higher cultural involvement score within his or her own ethnic/racial group. With this as a caveat, for the administrators, level of cross-cultural involvement scores for the

African American, Asian American/Pacific Islander, Latino/Hispanic American, and Native American/American Indian cultures respectively were: M = 2.25, M = 1.97, M = 2.49, and M = 2.05. These scores indicate that the administrators exhibited levels of cultural involvement at the 2 = Rarely (Once per month) to 3 = Sometimes (Once per 4 months) levels (see Figure 8). Thus, among the administrators, a minimal level of cultural involvement was observed, such that room for improvement was evident. Similarly, for the staff, levels of cultural involvement in the African American, Asian American/Pacific Islander, Latino/Hispanic American, and Native American/American Indian cultures respectively were: M = 2.27, M = 1.77, M = 2.34, and M = 2.01. These results also indicate a minimal level of involvement on average, such that also for staff there is room for improvement (see Figure 9).

**6. Preparedness for Cultural Competence Training**

This scale examined the respondent's willingness to participate in a program of cultural competence training. This scale measures the respondent's level of motivation to do something to improve his or her level of competence, regardless of its current level. On this 5-item scale of Preparedness for Cultural Competence Training responses were evaluated on a dimension that ranges from: 1 = Strongly Disagree to 5 = Strongly Agree. Specific items on this scale inquired about the respondent's willingness to be sensitive to cultural issues, a desire to learn about other cultures and to improve himself or herself, and the view that he or she can benefit from cultural competence training, as can members of his or her own unit. The administrators exhibited a preparedness score of M = 4.16 (79% of maximum) indicating that they agreed on the need for such training, and expressed a desire to participate. Similarly, staff members exhibited a mean score of M = 4.04 (76% of maximum), thus also agreeing on the need and a desire to receive such training.

**7. Summary for the Individual-Level Analyses**

In summary, the results of these individual-level analyses revealed similar scores for administrators and for staff in each of nine individual-level indicators of cultural competence (see Figures 8 and 9). Thus, when examined as a group, the individual-level analyses indicate that level of informational knowledge about the four ethnic/racial populations is relatively low, for staff and for some administrators when evaluated according to a mean score, or according to a 70% pass rate. In addition, attitudes towards diversity when examined at the group level were found to be mildly favorable. Within the context of these levels of knowledge and attitude, administrators and staff expressed support for diversity by agreeing that diversity is important in the workplace. By contrast, as measured behaviorally, both administrators and staff indicated that they engage infrequently in personal growth activities that can enhance their cultural competence. In this regard, their specific level of involvement in the cultural activities of each of the four ethnic/racial groups was also infrequent. Nonetheless, given these baseline characteristics, both staff and administrators expressed a significant interest in developing their cultural competence skills and they expressed a willingness to participate in a program of cultural competence training.

## B. Organizational Level Analyses: Administrators

The organization-level analyses examined various structural and operational aspects of ADHS as evaluated by administrators and staff. For the administrators, the organizational-level questions examined the characteristics of units, both for the respondent's own unit, and the entire organization as well. These sections were: (1) organizational structure, (2) communications, (3) unit operations, (4) system-wide policies, (5) leadership, and (6) strategic planning.

### 1. Organizational Structure

This section asked administrators to evaluate their own unit's organizational structure (staff, hierarchical arrangements, workspace, equipment, etc.), as it might promote cultural competence. Responses were rated on a dimension of: 1 = Not at All, 2 = A Little, 3 = Somewhat, 4 = Very Much, and 5 = A Lot. Mean values (M) are presented here for the group of 170 administrators who responded. For six organizational structure items/questions that were rated in this section, Table 6 presents the means and standard deviations for each. The most favorably ranked item was that the unit, "facilitates working interactions between persons of different minority backgrounds" (M = 3.43) which administrators rated as promoting cultural competence, "somewhat-to-very much." Other items in the "somewhat" range related to the unit's "support for efforts to promote diversity," (M = 3.29); allowing "access to persons knowledgeable of community and minority issues," (M = 3.13); and being flexible in "allowing persons to propose or develop programs that address cultural issues" (M = 2.94).

Table 6. Organizational Structure

| In relation to promoting cultural competence, the structure of your unit... | Mean | SD | Min | Max | N |
|---|---|---|---|---|---|
| 1. Facilitates working interactions between persons of different minority backgrounds. | 3.43 | 1.17 | 1 | 5 | 170 |
| 2. Is supportive of efforts to promote diversity and cultural competency at all levels of administration. | 3.29 | 1.16 | 1 | 5 | 169 |
| 3. Allows access to persons knowledgeable of community and minority culture issues. | 3.13 | 1.22 | 1 | 5 | 166 |
| 4. Has flexibility, allowing persons to propose or develop programs that address cultural issues. | 2.94 | 1.23 | 1 | 5 | 268 |
| 5. Overall, fosters and promotes cultural competence. | 2.79 | 1.19 | 1 | 5 | 169 |
| 6. Rewards (e.g., provide merit pay, release time, etc.) the development of programs that address cultural issues. | 1.70 | 1.04 | 1 | 5 | 161 |

The scale is (1) not at all, (2) a little, (3) somewhat, (4) very much, (5) a lot. SD - standard deviation. Min - minimum value. Max - Maximum value. N - number of valid responses.

One item that ranked low in support of diversity within the unit referred to rewards (that is the lack of rewards such as providing merit pay, release time, etc.) for the "development of programs that address cultural issues," (M = 1.70). This item was rated in the "a little" range. On the summary item, administrators indicated the organizational structure of their unit is "somewhat" effective as it "fosters and promotes cultural competence" (M = 2.79). Thus, administrators generally felt that the organizational structure of their unit is "somewhat" effective in promoting cultural competence.

**In summary, regarding the organizational structure of ADHS units, administrators indicated that their units are "somewhat" effective in promoting cultural competence by facilitating personal interactions, providing administrative support, providing access to experts, and allowing program development. However, administrators saw the system of rewards for developing cultural competence programs as relatively weak.**

## 2. Communications System

This section asked administrators about the effectiveness of their unit's communications systems in promoting cultural competence. Table 7 shows that each of the seven items that asked about communications received mean values (M) that were below three (3 = Somewhat) and ranged from 2.20 to 2.86. These values indicate that ADHS communication channels within units range in effectiveness between "a little" and "somewhat" effective in promoting cultural competence. In terms of relative rankings, the items that were rated most favorably were: that the administrator's unit: "fosters respect for cultural competence,"(M = 2.86); "provides channels of resolution," (M = 2.83); and allows "clear messages to be conveyed" in support of cultural competence (M = 2.77). The administrators rated as "little-to-somewhat" effective, the item that inquired about their unit's "strong level of support for communications on cultural competence," (M = 2.53). And, a rating of only "a little effective" was observed for the unit's provision of clear and frequent messages on "unit-wide support and on the desirability of cultural competence," (M = 2.20). The communication system's overall rating as it, "fosters and promotes cultural competence" was (M = 2.72), which indicates that it is only "somewhat" effective.

**Overall, these administrator ratings indicated that their unit's communication system (personal and informational messages) is only "somewhat effective" in promoting cultural competence, such as by providing messages that support, respect, and encourage cultural competence. Thus, while some level of effectiveness was evident in this area, more can be done to improve each unit's system of messages and interpersonal communications to upgrade it towards being "very much" capable of fostering cultural competence.**

Table 7. Communication System

| In relation to promoting cultural competence, the communication system and resources of your unit... | Mean | SD | Min | Max | N |
|---|---|---|---|---|---|
| 1. Create a unit that fosters respect for cultural competence. | 2.86 | 1.22 | 1 | 5 | 169 |
| 2. Provide channels for a resolution of interpersonal conflicts or disputes regarding ethnic/racial disagreements. | 2.83 | 1.12 | 1 | 5 | 166 |
| 3. Allow clear messages to be conveyed that inform others about support for cultural competence. | 2.77 | 1.15 | 1 | 5 | 166 |
| 4. Overall, create a unit that fosters and promotes cultural competence. | 2.72 | 1.22 | 1 | 5 | 169 |
| 5. Offer a strong level of support for communications on cultural competence. | 2.53 | 1.17 | 1 | 5 | 168 |
| 6. Provide messages on unit-wide support and on the desirability of cultural competence that are clear and frequent. | 2.20 | 1.12 | 1 | 5 | 164 |
| 7. Provide information on ethnic/racial and cultural issues and circulate this information regularly. | 2.03 | 1.04 | 1 | 5 | 167 |

The scale is (1) not at all, (2) a little, (3) somewhat, (4) very much, (5) a lot. SD - standard deviation. Min - minimum value. Max - Maximum value. N - number of valid responses.

## 3. Unit Operations

Table 8 shows administrator ratings of the manner in which unit operations (budgets, daily rules, practices, and operating guidelines) promote cultural competence within ADHS. Administrators indicated that their units were "a little-to-somewhat" effective in having the flexibility to examine "special cases or circumstances that are introduced as the result of cultural factors," (M = 2.71); in facilitating "the practice of cultural competence, (M = 2.57); and in having "rules and guidelines that are clear in the endorsement of cultural diversity and cultural competence," (M = 2.32). Weaker administrator ratings in the range of "a little" were observed for the items involving unit facilitation of "staff activities that aim at cultural competence," (M = 2.17); and the provision of "funds for initiatives that promote cultural competence within the unit," (M = 1.92).

**Overall the administrators saw their unit operations as less than "somewhat effective" in their rules, guidelines, and procedures as these may promote cultural competence. In particular the allocation of funds for cultural competence initiatives was seen as the weakest aspect of unit operations.**

Table 8. Unit Operations

| Unit operations relate to cultural competence within your unit by... | Mean | SD | Min | Max | N |
|---|---|---|---|---|---|
| 1. Being flexible and allowing attention to special cases or circumstances that are introduced as the result of cultural factors. | 2.71 | 1.13 | 1 | 5 | 166 |
| 2. Creating a unit whose culture and typical ways of doing business facilitate the practice of cultural competence. | 2.57 | 1.16 | 1 | 5 | 167 |
| 3. Having rules and guidelines that are clear in the endorsement of cultural diversity and cultural competence. | 2.32 | 1.23 | 1 | 5 | 167 |
| 4. Facilitating staff activities that aim at cultural competence. | 2.17 | 1.03 | 1 | 5 | 167 |
| 5. Allowing the allocation of funds for initiatives that promote cultural competence within the unit. | 1.92 | 1.08 | 1 | 5 | 166 |

The scale is (1) not at all, (2) a little, (3) somewhat, (4) very much, (5) a lot. SD - standard deviation. Min - minimum value. Max - Maximum value. N - number of valid responses.

## 4. System-wide Policies

As shown in Table 9, the administrators saw system-wide policies as "somewhat" effective in promoting cultural competence, as these policies would make it "easy to enact diversity in terms of hiring and addressing grievances," (M = 2.87). These administrators saw system-wide policies as only "a little-to-somewhat" effective: in "promoting the spirit of cultural competence by accepting and promoting cultural diversity," (M = 2.70); in "involving culturally different individuals in writing all system-wide policies," (M = 2.60); and in "allowing a close self-examination of areas where the system falls short of its goals," (M = 2.40). The item indicating that the system is "lacking attention to issues of cultural competence and diversity," was rated as (M = 2.27) suggesting that system-wide policies are only "a little" effective in attending to issues of cultural competence and diversity. This latter item, as it was worded in the negative, seemed to be answered inconsistently in relation to the other items. However, if consistency of

interpretation is followed, the interpretation would be that the administrators felt that system-wide, there is only a little attention given to issues of cultural diversity.

Table 9. System-wide Policies

| System-wide policies relate to cultural competence by... | Mean | SD | Min | Max | N |
|---|---|---|---|---|---|
| 1. Making it easy to enact diversity in terms of hiring and addressing grievances. | 2.87 | 1.13 | 1 | 5 | 164 |
| 2. Promoting the spirit of cultural competence by way of accepting and encouraging cultural diversity. | 2.70 | 1.06 | 1 | 5 | 166 |
| 3. Involving culturally different individuals in writing all system-wide policies. | 2.60 | 1.07 | 1 | 5 | 159 |
| 4. Facilitating cultural competence in allowing a close self-examination of areas where the system falls short of its goals. | 2.40 | 1.09 | 1 | 5 | 164 |
| 5. Attention to issues of cultural competence and diversity. | 2.27 | 1.04 | 1 | 5 | 152 |

The scale is (1) not at all, (2) a little, (3) somewhat, (4) very much, (5) the most. SD - standard deviation. Min - minimum value. Max - Maximum value. N - number of valid responses.

**Generally, most of the items that examined system-wide aspects of effectiveness in promoting cultural competence received administrator effectiveness ratings of "a little-to-somewhat." Thus, the administrators were indicating that system-wide the organization is or has been relatively weak in accepting and encouraging cultural diversity, in having ethnic minority input in the writing of organizational policies, and in self-examination of systemic weaknesses that relate to cultural competence. Thus, the administrators are suggesting that more can be done system-wide to promote cultural competence within the organization, with the need for particular attention given to areas of greatest relative weakness.**

### 5. Leadership

The administrators saw the actions of the ADHS leaders as "somewhat" effective in promoting cultural competence. As shown in Table 10, the administrators gave ratings of "somewhat" effective to leadership actions: in "communicating a proactive approach," (M = 2.84); "acting as role models," (M = 2.81); in "working towards creating policies and procedures, that promote cultural competence," (M = 2.81); and in "showing sensitivity to nuances of culture," (M = 2.81). One weak item in this set that related to the ADHS leadership involved a lack of inclusion: "of cultural competence in the formal evaluations of ADHS leaders," (M = 2.09).

**Generally, administrators rated ADHS leaders as "somewhat effective," in being proactive, in serving as role models, in creating cultural competence policies, and in demonstrating sensitivity to culture. One relative weakness was the apparent lack of leader self-evaluations regarding their level of cultural competence.**

Table 10. Leadership

| Actions of ADHS leaders relate to cultural competence by... | Mean | SD | Min | Max | N |
|---|---|---|---|---|---|
| 1. Taking a stand that communicates a proactive approach to cultural diversity and cultural competence. | 2.84 | 1.11 | 1 | 5 | 167 |
| 2. Their acting as role models that support and promote cultural competence. | 2.81 | 1.08 | 1 | 5 | 169 |
| 3. Working towards creating policies, procedures, and other activities that promote cultural diversity and cultural competence. | 2.81 | 1.11 | 1 | 5 | 166 |
| 4. Showing a sensitivity to nuances of culture in actions taken and in programs developed. | 2.81 | 1.06 | 1 | 5 | 166 |
| 5. Including promotion of cultural competence in the formal evaluations of ADHS leaders. | 2.09 | 1.07 | 1 | 5 | 150 |

The scale is (1) not at all, (2) a little, (3) somewhat, (4) very much, (5) the most. SD - standard deviation. Min - minimum value. Max - Maximum value. N - number of valid responses.

## 6. Strategic Plans

Regarding strategic plans, Table 11 shows that the administrators rated each of four items on ADHS strategic planning in the "a little" to "somewhat" range of effectiveness in promoting cultural competence. They felt that ADHS strategic plans are a little to somewhat effective in indicating that: "cultural competence is important as an institutional concept that must be promoted," (M = 2.61); in incorporating the concept of cultural competence as "core features of agency policy, procedures, and future aims," (M = 2.57); in evaluating "how the agency is doing in efforts to meet cultural competence standards," (M = 2.48); and in training staff, "with the aim of increasing staff level of cultural competence" (M = 2.42).

**In summary, the administrators evaluated past organizational strategic plans in terms of conceptualization, evaluation, and training as being less than "somewhat effective" in promoting cultural competence with ADHS.**

Table 11. Strategic Plans

| Strategic plan aims and contents relate to cultural competence by... | Mean | SD | Min | Max | N |
|---|---|---|---|---|---|
| 1. Indicating publicly that cultural competence is an important institutional concept that is to be promoted actively and promoted on a daily basis. | 2.61 | 1.21 | 1 | 5 | 163 |
| 2. Incorporating concepts of culture, diversity, and cultural competence as core features of agency policy, procedures, and future aims. | 2.57 | 1.13 | 1 | 5 | 161 |
| 3. Including an assessment or evaluation of how the agency is doing in efforts to meet cultural competence goals and standards. | 2.48 | 1.21 | 1 | 5 | 162 |
| 4. Including efforts at training staff with the aim of increasing staff levels of cultural competence. | 2.42 | 1.13 | 1 | 5 | 164 |

The scale is (1) not at all, (2) a little, (3) somewhat, (4) very much, (5) the most. SD - standard deviation. Min - minimum value. Max - Maximum value. N - number of valid responses.

## C. Organizational Level Analyses: Staff

For staff, the organization-level analysis examined aspects of the staff member's work environment. Five areas were examined. These are: (1) the office environment, (2) cultural competency of one's own unit, (3) training needs, (4) training preferences, (5) health related services, and (6) barriers to health services.

### 1. Office Environment

The ADHS staff evaluated seven items on how their office or work environment promotes cultural competence. Table 12 shows their ratings ranked in descending order. Staff expressed comfort in relating to their superiors as noted by their agreement on ratings for three items: "I feel comfortable asking for feedback from administrators (who are) culturally different from myself," (M = 3.59); "I feel comfortable asking assistance from administrators when seeking information about promotions and employee policy," (M = 3.49); and "I trust the administrators/supervisors to be fair rather than showing bias when mediating conflicts involving staff from different ethnic groups," (M = 3.39).

Table 12. Office Environment

| | | Mean | SD | Min | Max | N |
|---|---|---|---|---|---|---|
| 1. | I feel comfortable asking for feedback from administrators culturally different from myself when seeking information about my performance. | 3.59 | 1.11 | 1 | 5 | 323 |
| 2. | I feel comfortable asking assistance from administrators when seeking information about promotions and employee policy. | 3.49 | 1.18 | 1 | 5 | 324 |
| 3. | I trust the Administrators/Supervisors to be fair rather than showing bias when mediating conflicts involving staff from different ethnic groups. | 3.39 | 1.20 | 1 | 5 | 324 |
| 4. | I feel the Arizona Department of Health Services policy is sensitive to culturally diverse groups/ethnic minority populations. | 3.11 | 1.13 | 1 | 5 | 321 |
| 5. | While on the job, I have experienced prejudice/discrimination due to my ethnicity/race or culture. | 2.74 | 1.38 | 1 | 5 | 324 |
| 6. | These days, minorities seem to get more benefits than non-minorities. | 2.66 | 1.26 | 1 | 5 | 325 |
| 7. | I am apprehensive about interacting with minority staff because they may misinterpret something I say or do. | 2.12 | 1.07 | 1 | 5 | 323 |

The scale is (1) strongly disagree, (2) disagree, (3) neither agree nor disagree, (4) agree, (5) strongly agree. SD = standard deviation. Min - minimum value. Max - Maximum value. N - number of valid responses.

However, in moving beyond personal relationships to the level of organizational structure, the staff held less favorable views. They rated as neutral "neither agree nor disagree" the item, "I feel that Arizona Department of Health Services policy is sensitive to culturally diverse groups/ethnic minority populations," (M = 3.11). Staff expressed mild disagreement on the item that asked whether they had been discriminated on the job, (M = 2.74) and on the item that asserted "these days, minorities seem to get more benefits than non-minorities," (M = 2.66). And, there was clear disagreement with the item, "I am apprehensive about interacting with minority staff because they may misinterpret something I say or do," (M = 2.12).

**The results of the staff evaluations regarding the climate of the office environment suggest that generally interpersonal relations are favorable. However, staff regarded the current organizational level climate as neither favorable nor unfavorable towards the practice of cultural competence. This pattern of responses suggests that staff perceive that the Arizona Department of Health Services as not necessarily sensitive towards promoting cultural competence. However, staff mildly disagrees that there is overt discrimination and mistrust.**

## 2. Cultural Competency of the Unit

Table 13 shows the results of a frequency distribution of staff responses to their unit's philosophical orientation regarding the role of cultural issues in the delivery of health services. Staff were asked to identify one of four philosophical position statements that best typifies their unit's orientation towards cultural issues in program development and service delivery. These results indicate that the largest proportion of staff (43.0%) identified the philosophy expressed in item 2 as the most typical position taken by their unit. This item asserts that, "people should be treated equally in all situations; no one should receive special attention." This item may be described as endorsing or proposing a culturally blind or a "cultural neutral" position. It asserts that cultural issues are secondary to equal treatment when looking at people and their health service needs. It indicates that all people are essentially the same in their health care needs and thus that all should be treated equally and not examined according to their unique cultural characteristics or needs.

Table 13. The Role of Culture in Health Service Delivery

| | Within your section/unit, which statement best describes your unit's orientation towards cultural issues in program development and service delivery: | Frequency | Percentage* |
|---|---|---|---|
| 1. | Attention to cultural issues is seen as totally unnecessary in health programs and service delivery. (Cultural denial) | 19 | 6.2 |
| 2. | People should be treated equally in all situations; no one should receive special attention. (Culture blind) | 131 | 43.0 |
| 3. | Cultural issues should be examined from time to time; although cultural factors are not major issues in the development of health programs and service delivery. (Cultural sensitivity) | 59 | 19.3 |
| 4. | Cultural issues should be examined in depth and with respect, in order to offer better health programs and services. (Cultural proficiency) | 96 | 29.4 |

* Percentages are rounded to the nearest tenth. N = 304.

The second most frequently endorsed item was item 4 that states that, "cultural issues should be examined in-depth and with respect in order to offer better health programs and services." This item can be described as a cultural proficiency position and it was identified as descriptive of their unit by 29.4% of the staff. Item 3 asserts that, "cultural issues should be examined from time to time, although cultural factors are not major issues in the development of health programs and service delivery". This item which was endorsed as representative of 19.3% of unit orientations, and may be described as a cultural sensitivity position. The least endorsed item was item 1, which asserts that, "attention to cultural issues is seen as totally unnecessary in health programs and service delivery." This can be described as the cultural denial position and was identified as characteristic of their unit by 6.2% of staff.

Staff responses to this section show a bimodal distribution on whether attention should or should not be given to cultural aspects of health services. The culturally blind/culturally neutral position, which was the single item endorsed by the largest proportion of staff suggests that some ADHS units are taking a culturally neutral view of health service delivery. It can be noted, however, that when examined differently, positions 3 and 4 together endorse some level of attention to cultural factors, that when combined constitute 48.7% of staff endorsements. Thus, it can be noted that **ADHS units, at least as judged by ADHS staff, do have a philosophical orientation that at some level endorses a recognition of culture as a factor as these should be considered in the design and delivery of health services**. It is notable that only a small percentage of staff responses identified the cultural denial position as the orientation taken by their units.

### 3. Training Needs

Regarding areas of cultural competence training needs, staff identified four areas that were rated as "somewhat" to "very" important. These items involved perceived needs for training among staff: in "understanding how to communicate and work more effectively with various ethnic minority clients," (M = 3.42); in "helping clients to be more actively involved in meeting their own health care needs," (M = 3.41); in "understanding the health-related beliefs, behaviors, traditions, and customs of various ethnic minority groups," (M = 3.25); and in "understanding barriers to health care faced by various ethnic minority clients" (M = 3.22). Staff also rated six other area items as "somewhat important." These items referred to staff needs to learn more about: how to provide cultural sensitivity training to others, how to make the agency more responsive to client needs, how to evaluate program effectiveness, how to involve minority community members in program planning, learning about community resources, and understanding the major health needs of various ethnic minority groups.

Table 14. Training Needs

| For your unit, please rate how much need for training there is in each of these areas. | | Mean | SD | Min | Max | N |
|---|---|---|---|---|---|---|
| 1. | Understanding how to communicate and to work more effectively with various ethnic minority clients. | 3.42 | 1.25 | 1 | 5 | 322 |
| 2. | Helping clients to be more actively involved in meeting their own health care needs. | 3.41 | 1.39 | 1 | 5 | 318 |
| 3. | Understanding the health-related beliefs, behaviors, traditions, and customs of various ethnic minority groups. | 3.25 | 1.25 | 1 | 5 | 320 |
| 4. | Understanding barriers to health care faced by various ethnic minority groups. | 3.22 | 1.24 | 1 | 5 | 322 |
| 5. | How to provide culture sensitivity training to others. | 3.18 | 1.32 | 1 | 5 | 319 |
| 6. | Learning how to make the agency more sensitive and responsive to the needs of various ethnic minority clients. | 3.17 | 1.23 | 1 | 5 | 323 |
| 7. | Understanding the need to evaluate the effectiveness of programs designed to help ethnic minority populations. | 3.15 | 1.28 | 1 | 5 | 321 |
| 8. | How to involve minority community members in the planning of programs. | 3.15 | 1.34 | 1 | 5 | 318 |
| 9. | Learning more about specific resources that are available in minority communities (e.g., churches, traditional healers). | 3.15 | 1.31 | 1 | 5 | 318 |
| 10. | Understanding the major health needs of various ethnic minority groups. | 3.06 | 1.24 | 1 | 5 | 324 |

The scale is (1) not at all, (2) a little, (3) somewhat, (4) a lot, (5) extremely. SD - standard deviation. Min - minimum value. Max - Maximum value. N - number of valid responses.

## 4. Training Preferences

As contrasted with staff perceptions of training needs, Table 15 presents staff preferences for various training components. Among ten components rated, staff expressed preferences on how much they want certain types of training. Staff indicated that they were "somewhat" to "very much" interested in training regarding: (1) equal employment opportunity (EEO) laws and regulations, (2) cross-cultural communications, (3) training in the health needs of different ethnic/racial groups, (4) multicultural management techniques, and (5) affirmative action policy.

Staff also expressed "somewhat" of an interest in obtaining training in: program development in ethnic/racial populations, facilitating minority patients' adjustment to psychosocial problems, conducting culturally sensitive health interviews, program evaluation techniques, and information on the health beliefs of various ethnic/racial groups.

Table 15. Training Preferences

| Please rate how much you want cultural competence training in each of the following areas. | Mean | SD | Min | Max |
|---|---|---|---|---|
| 1. Equal employment opportunity (EEO) laws and regulations. | 3.48 | 1.27 | 1 | 5 |
| 2. Cross-cultural communications. | 3.44 | 1.16 | 1 | 5 |
| 3. Training in the health needs of different ethnic/racial groups. | 3.35 | 1.23 | 1 | 5 |
| 4. Multicultural management techniques. | 3.34 | 1.19 | 1 | 5 |
| 5. Affirmative action policy. | 3.28 | 1.24 | 1 | 5 |
| 6. Program development for ethnic/racial populations. | 3.20 | 1.23 | 1 | 5 |
| 7. Facilitating minority patients' psychosocial adjustment to health problems. | 3.16 | 1.30 | 1 | 5 |
| 8. Conducting culturally sensitive health interviews with different ethnic/racial group clients. | 3.12 | 1.30 | 1 | 5 |
| 9. Program evaluation techniques for evaluation of programs that serve ethnic/racial populations. | 3.11 | 1.23 | 1 | 5 |
| 10 The health beliefs of various ethnic/racial groups. | 3.09 | 1.14 | 1 | 5 |

The scale is (1) not at all, (2) a little, (3) somewhat, (4) a lot, (5) the most. SD - standard deviation. Min - minimum value. Max - Maximum value. N - number of valid responses.

## 5. Barriers to Health Services

Staff were also asked to identify and rate the extent to which nine issues may operate as barriers that limit the effectiveness of health programs and services in serving ethnic minorities in Maricopa County. Staff identified three items that operate as more important barriers, and six others that operate as less potent barriers. According to staff, the stronger barriers were: clinic scheduling policies that do not offer evening or weekend hours, limited transportation, and some clients' inability to speak in English. In descending order of importance, other less potent, but still evident barriers, according to staff were: lack of available interpreters, too few minority staff, eligibility criteria that limits access to health services, lack of community advertisements about health services, provider's negative attitudes towards patients/clients, and cultural differences in beliefs between patients and providers.

Table 16. Barriers to Health Services

| How much (does) each of the following issues currently limit the effectiveness of health programs and services for ethnic minorities in Maricopa County. | Mean | SD | Min | Max |
|---|---|---|---|---|
| 1. Clinic scheduling policies that don't offer evening or weekend hours of service.. | 3.40 | 1.27 | 1 | 5 |
| 2. Client's limited transportation. | 3.32 | 1.15 | 1 | 5 |
| 3. Client's language skills (speaking only Spanish or other language). | 3.31 | 1.18 | 1 | 5 |
| 4. Lack appropriate interpreters (sometimes using children, cleaning staff, etc.). | 3.24 | 1.18 | 1 | 5 |
| 5. Too few minority staff with whom minority clients can identify and communicate. | 3.15 | 1.26 | 1 | 5 |
| 6. Eligibility criteria that limits access to health services rather than increasing access for certain groups. | 3.09 | 1.22 | 1 | 5 |
| 7. Lack of advertisement of clinic services in minority communities through churches, community organizations, etc. | 3.04 | 1.17 | 1 | 5 |
| 8. Providers' negative attitudes towards patients/clients. | 2.95 | 1.27 | 1 | 5 |
| 9. Cultural differences in beliefs between patients and providers. | 2.95 | 1.19 | 1 | 5 |

The scale is (1) not at all, (2) a little, (3) somewhat, (4) a lot, (5) extremely. SD - standard deviation. Min - minimum value. Max - Maximum value. N - number of valid responses.

**In summary, staff expressed the perception that the ADHS climate is neither favorable nor unfavorable towards the practice of cultural competence. Staff also revealed that two competing philosophical views prevail within ADHS: the view that cultural issues should be considered in the provision of health services, and the competing view that all people should be treated equally without reference to special needs. Staff endorsement of one view over another may have implication for a staff member's or a unit's preparedness to participate in cultural competence training. Regarding training for cultural competence, staff do want cultural competence training that will help them better understand and work with members of various ethnic/racial groups.**

# V. DISCUSSION AND RECOMMENDATIONS

## V. DISCUSSION AND RECOMMENDATIONS

### A. Implications for Cultural Competence Training

The purpose of this needs assessment was to examine baseline levels on various indicators of cultural competence among administration and staff of the Arizona Department of Health Services (ADHS). An examination of these indicators would then provide evidence regarding current training needs and preferences, level of preparedness to engage in such training, and indications on the types of training needed.

#### 1. What Training is Needed

The results of this needs assessment indicate that ADHS staff and administrators want and are willing to participate in cultural competence training. Based on the profile of their needs, such training should include basic informational knowledge about the dominant social, cultural, and psychological characteristics of clients from the four major US ethnic/racial groups: African Americans, Latinos/Hispanic Americans, Asian Americans/Pacific Islanders, and Native Americans/American Indians. This information should move beyond demographics to a deeper analysis of health-related beliefs, behaviors, customs and traditions, needs, and barriers to accessing health services. To accomplish this deeper analysis, it will be important to take a dynamic systems approach in examining how the local system of health service delivery is structured and how it engages and successfully meets the needs of many Arizona residents, but not others.

In addition, this systems approach should present clear conceptual and practical illustrations of how social, cultural, and psychological factors that are characteristic and relative to each major ethnic/racial group are involved in this interface between the health care system and the consumer. Here, this training should include: issues of language and communication, availability of health insurance, health system structure and policies, the provider-patient relationship, health beliefs and practices, family systems issues, culture-related aspects of health service seeking, and other related topics.

Moreover, the success of such training will be dependent on its effectiveness in moving well beyond the provision of rote informational content. Indeed, issues that involve culture, race, social class, and discrimination require trainer sensitivity and therapeutic skills. Many strong sentiments, some prejudicial in nature, lie at the heart of these issues. A few individuals harbor strong anti-minority sentiments and may be philosophically opposed to cultural competence training and/or they may misunderstand the intent of such training. *Ironically, in several instances, those individuals who need cultural competence training the most, are the most resistant towards participating in such training.* The group or committee that oversees the implementation of cultural competence training within ADHS should consider issues of how such training will be offered - will it be mandated? In addition, this oversight group or committee should ensure that the cultural competence trainers are skilled in group and individual management, and in understanding the dynamics of facilitating the candid expression of feelings that range from intense racial hatred to deep compassion and understanding. With the right management, the candid expression of sentiments in a

group setting can set the stage for productive discussions and changes in attitude that are guided by group norms and sanctions.

The bimodal distribution of staff philosophical orientations towards culture and health services is an important finding that should be addressed in cultural competence training. These results were that staff perceived the largest proportion (43.0%) of units as taking a "culturally blind" position. This position emphasizes equal treatment in all situations and eschews special attention to cultural issues. By contrast a large proportion of units (29.4%) endorsed the "cultural proficiency" position indicating that *cultural issues should be addressed in-depth and with respect*. Another group (19.3%) endorsed the position that cultural issues should be examined occasionally. Thus when combined these two positions offer a large proportion of staff (48.7%) who see the need for attention to cultural aspects of health care. These orientations among staff regarding the role of cultural issues in health care services should be considered in evaluating the preparedness of various ADHS units and their staff, for participating in activities that promote cultural competence.

**2. Training in Multicultural Management Techniques**

The growing cultural diversity found in the United States labor force requires employers to also change personnel management techniques. Successful and profitable operations depend on the ability of managers and administrators to manage a multicultural work force. Effective affirmative action and equal employment opportunity programs have added more diversity to the workplace. The increasing demands and pressures of a diverse work force require employers to understand and appreciate the value and benefits of diversity.

The mission, vision, and purpose of a human service organization should include Total Quality Management (TQM) principles that incorporate as part of their training the cultural values and attitudes of the local or client community. Initiating and maintaining diversity training programs for managers and employees should include Awareness and Transcultural Skills development. Key to these training programs is the topic of developing effective communications in the multicultural setting. The purpose of diversity training is to increase respect among people, to promote understanding of their differences and similarities, to decrease judgmental behavior, and to increase acceptance and flexibility among staff in their interpersonal relations.

Supervisors and managers are responsible for achieving organizational objectives by leading employees through motivational and productive strategies. Appropriate management skills are required to supervise effectively. The ability to recruit, test, select, train, and effectively assign work to individuals of diverse backgrounds should be incorporated into position descriptions and in the job requirements of human resource officials, supervisors, and managers. Multicultural training for managers will be more effective if it includes an understanding of the variety of racial and ethnic cultural characteristics, development of cross cultural communications, examination of values and behavioral tendencies, while being careful to avoid stereotyping, as well as avoiding gender, and age bias. In addition, it is important that multicultural training focus on the local minority community composition. By contrast, applying training topics and curriculum developed and targeted for groups in another region of the United States is an approach which is ineffective and inappropriate.

## B. Recommendations

In summary, this needs assessment revealed across several areas that cultural competence within the Arizona Department of Health Services is at best "somewhat effective" in some areas, while being "little effective" in other areas. These conclusions are based on the views of 501 ADHS administrators and staff, as these views have been reported by this needs assessment study. Accordingly, several recommendations can be made.

**1. Plan specific organizational changes that will improve ADHS as a system which is currently "somewhat effective" to a system that is "very effective" in promoting cultural competence in the areas of weakness that are indicated in this study.**

It would be useful to incorporate input from the ADHS Center for Minority Health Task Force in examining system-wide policies and procedures, and unit structures in order to improve the system's capacity to become culturally competent.

**2. Establish a program of cultural competence skills training for all ADHS administrators and staff, including personal awareness training in which individuals learn to recognize their own biases and prejudices.**

The ADHS should respond affirmatively to the statements of administrators and staff who through their responses to this needs assessment expressed an interest and a desire to participate in a program of cultural competence training. The structure, length, and content of such a program needs discussion. However, it is important to note that the development of true cultural competence skills requires a *continuing educational program* and not just a one-day seminar. Accordingly, such a program should have a continuing or ongoing format, yet one that complements rather than interferes with the daily work schedule and assignments of administrators and staff.

Generally, this program should address: (1) knowledge about the diversity found within each ethnic/racial group, (2) skills in the culturally-appropriate application of this knowledge (i.e., cultural competence), (3) cultural sensitivity/awareness training which includes not only the presentation of cultural issues and the value of cultural diversity but a component wherein individuals learn to recognize their own prejudices and biases, and (4) multicultural communications which involves the ability to articulate and to teach the principles of cultural competence. Such training should include EEO training primarily for ADHS administrators, although staff should also be introduced to basic EEO principles.

**3. Incorporate a program evaluation component into the program of cultural competence skills training so that the effectiveness of this training can be determined, and so that the training program can be continuously improved.**

Such an evaluation should examine the effectiveness of program components as well as the overall program's success in increasing the level of cultural competence among program participants. A second type of evaluation, one that is larger in scope should also be initiated. This wider-ranging evaluation should examine how ADHS health service programs and units have improved their

capability for delivering culturally-effective health services to targeted communities. Such an improvement should be related to increasing the capacities of programs and of units. This also includes increasing the cultural competency of ADHS administrators and staff. This broader evaluation system should also include performance assessments to evaluate each administrator's cultural competence. Growth in these areas should also be included as commentaries in the regular performance evaluations of ADHS supervisors and managers.

**4. Develop training opportunities for employees from underrepresented ethnic/racial backgrounds to develop leadership skills in public health and/or in health services administration in order to prime the pool of applicants who are eligible and qualified to enter administrative positions within ADHS.**

Leadership training is an important activity that is oriented towards enhancing the skills of staff members who are interested in pursuing a career in the health service fields. Such leadership training should be open to all groups, but can emphasize enhancing the skills of staff from underrepresented ethnic/racial groups. The goal is to help prepare interested staff members for future roles as administrators and leaders in various units of ADHS. Such a program can contribute towards addressing EEO guidelines, while also serving as a system-wide investment in developing culturally competent talent from within the organization. The ADHS should invest adequate funds for a variety of well conceived and carefully planned cultural competence enhancement initiatives, developed within various ADHS units.

# VI. REFERENCES

## VI. REFERENCES


Arizona Department of Health Services - Center for Minority Health. (1994). Arizona Department of Health Services - definition of cultural competence. Unpublished manuscript.

Baldwin, J.R., & Lindsley, S.L. (1994). Conceptualizations of culture. Tempe, AZ: Urban Studies Center, Arizona State University.

Bernal, M., & Castro, F.G., (1994). Are clinical psychologists prepared for service and research with ethnic minorities? Report of a decade of progress. American Psychologist, 49, 797-805.

Dana, R.H. (1993). Multicultural assessment perspectives for professional psychology. Boston, MA: Allyn & Bacon

DeVillis, R.F. (1991). Scale development: Theory and application. Newbury Park, CA: Sage.

Harper, A.C., & Lambert, L.J. (1994). The health of populations: An introduction (2nd ed.). New York: Springer.

Harwood, A. (1981). Ethnicity and medical care. Cambridge, MA: Harvard University Press.

Kalton, G. (1983). Introduction to survey sampling. Beverly Hills, CA: Sage.

Orlandi, M.A., Weston, R., & Epstein, L.G. (1992). Cultural competence for evaluators: A guide for alcohol and other drug abuse prevention practitioners working with ethnic/racial communities. Rockville, MD: Office for Substance Abuse Prevention.

Oskamp, S. (1991). Attitudes and opinions (2nd ed.). Englewood Cliffs, NJ: Prentice Hall.

US Census (1990). Summary Tape File 1A.

Windsor, R., Baranowski, T., Clark, N., & Cutter, G. (1994). Evaluation of health promotion, health education, and disease prevention programs (2nd ed.). Mountain View, CA: Mayfield.

# VII. APPENDICES

# APPENDIX A

# ADMINISTRATIVE SURVEY

ID Code_____

# ARIZONA DEPARTMENT OF HEALTH SERVICES
# NEEDS ASSESSMENT
## Administrative Survey - Form A

The Arizona Department of Health Services (ADHS) has contracted with the Arizona State University Hispanic Research Center to conduct a cultural competency needs assessment of the department. You have been selected to participate in this assessment. The purpose of this assessment is to assist the ADHS in future planning and responding to the needs of the many cultures in our state. It is important that your responses are as accurate as possible. Your responses are completely ***confidential*** and ***anonymous.*** Your name is linked to your ID number **only** by the Assistant Evaluator, who must do so for purposes of keeping an inventory of who has responded. You may choose not to answer any question, however, your full participation is strongly encouraged. **We ask you to respond candidly to all questions and to do so without consulting with anyone else since these questions are about your unique personal views.** A Site Coordinator has been chosen to assist in the distribution and return of the Survey Forms only. Therefore, Site Coordinators will not review your responses. Questions about this project can be directed to Alma S. Peña, 542-2906. Thank you for your participation.

We would like to know your views and beliefs about the work of your unit and the Arizona Department of Health Services (ADHS). Please respond to the items or questions that follow by answering as *honestly* as you can. Your answers will be *confidential*, meaning that they won't be shared with anyone else. And, your answers are *anonymous* since only an ID number and not your name appears on this survey form.

DIRECTIONS:

(1) Note your ID Code as indicated on the sign-in sheet.
(2) It is important that you write your ID Code on the front of the survey and on every page.
(3) **DO NOT** write your name on the survey. Only your ID Code as indicated on the sign-in sheet is to be used.
(4) Please answer all the questions to the best of your ability. The best answer is what you think or feel.

Please note the following concepts and their definitions as you respond to the survey items.

The terms culture, cultural diversity, and cultural competence have various definitions.

**Culture** generally refers to, "The shared values, norms, traditions, customs, art, history, folklore, and institutions of a group of people."*

**Cultural diversity** refers to, "differences in race, ethnicity, language, nationality, or religion among various groups within a community, organization, or nation. A city is said to be culturally diverse if its residents include members of different groups."*

**Cultural competence** is knowledge, attitudes, and policies within an agency which allows individuals to work effectively in cross cultural situations. This requires the willingness and ability to utilize community-based values, traditions, and practices in developing and evaluating interventions, communication, and other activities.**

---

* M. A. Orlandi, R. Watson, & L.G. Epstein (Eds.), Cultural Competence for Evaluators (1992). Office of Substance Abuse Prevention, U.S. Department of Health and Human Services, Rockville, MD.

** Arizona Department of Health Services, Center for Minority Health (1994).

ID Code_____

# I. YOUR VIEWS

## A. KNOWLEDGE

Please circle the number of the answer that you think is correct.

1. Currently the largest ethnic minority group in the United States is:

    1. Latinos/Hispanic Americans
    2. African Americans
    3. Asian Americans/Pacific Islanders
    4. Native Americans/American Indian

2. Currently the largest ethnic minority group in Arizona is:

    1. Latinos/Hispanic Americans
    2. African Americans
    3. Asian Americans/Pacific Islanders
    4. Native Americans/American Indian

3. In terms of numbers, the fastest growing ethnic minority group in the United States is:

    1. Latinos/Hispanic Americans
    2. African Americans
    3. Asian Americans/Pacific Islanders
    4. Native Americans/American Indian

4. In terms of percentages, the fastest growing ethnic minority group in the United States is:

    1. Latinos/Hispanic Americans
    2. African Americans
    3. Asian Americans/Pacific Islanders
    4. Native Americans/American Indian

5. According to 1990 census data, which of the following ethnic minority groups has the highest education level on average?

    1. Latinos/Hispanic Americans
    2. African Americans
    3. Asian Americans/Pacific Islanders
    4. Native Americans/American Indian

6. The largest group of Asian American immigrants in Arizona today come from which country?

   1. Japan
   2. Vietnam
   3. China
   4. Korea

7. Native Americans/American Indians represent a diverse group of people identified by tribal membership. How many tribes are there in the United States?

   1. 10
   2. 200
   3. over 500
   4. over 1,000

8. The Arizona Native Americans/American Indian tribes include:

   1. Navajo, Hopi, Apache, Tohono O'odham
   2. Yaqui, Cherokee, Pawnee, Iroquois
   3. Hopi, Comanche, Mauori, Mayan
   4. Navajo, Choctaw, Creek, Apache

9. The most critical area for focused attention in the health care of Native Americans/ American Indians is:

   1. acute infectious diseases
   2. incongruities in health beliefs and practices
   3. chronic degenerative diseases
   4. predisposing factors associated with health risk behaviors

10. Which of the following groups is most likely to be at risk of death by homicide?

    1. Anglo Americans
    2. Latinos/Hispanic Americans
    3. African Americans
    4. Asian Americans/Pacific Islanders
    5. Native Americans/American Indians

11. In 1990, the largest Asian American ethnic group in terms of numbers in the U.S. population was:

    1. Chinese
    2. Filipino
    3. Japanese
    4. Korean

12. Which of these items is true about Latinos/Hispanic Americans in the United States?

    1. The Latino/Hispanic American population consists primarily of persons of a single racial group?
    2 Not all Latinos/Hispanic Americans speak Spanish.
    3. Latino/Hispanic American families are 2.9 times as likely as Anglo American families to live in poverty.
    4. Both 2 and 3.

13. Which of these is <u>not</u> an important and well-recognized cultural concept regarding rules of communication within the Latino/Hispanic American cultures?

    1. "Familism" = the importance of the family and of family unity, as contrasted with the importance of the individual person.
    2. "Buenos tiempos" = good times, the usefulness of informal chatter and levity in order to help a person feel relaxed and welcomed.
    3. "Personalismo" = the importance of a close trusting and congenial relationship between individuals.
    4. "Respeto" = the according of respect and deference to an authority figure or to a higher ranking person, along with the practice of courteous and respectful reciprocity in all social interactions.

14. Important aspects of true "cultural competence" in a system of health service delivery include:

    1. An agency's acceptance and respect of differences in the beliefs and behaviors of various cultural subgroups of clients/patients.
    2. Sustained self-analysis, a consistent seeking of advice and consultation from minority clients and professionals, and a commitment to policies to enhance services to a diverse clientele.
    3. The development of a separate system of health services that emphasize folk and traditional medicine in an effort to appeal to the needs and preferences of a given ethnic minority group.
    4. Both 1 and 2.

ID Code_____

## B. ATTITUDES

Please indicate how much you agree or disagree with these items. Circle the response which indicates how you feel.

| | | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 1. | People are pretty much the same all over; looking at issues of race and ethnicity just creates conflict and divisiveness. | 1 | 2 | 3 | 4 | 5 |
| 2. | Today prejudice and discrimination still occurs throughout the United States. | 1 | 2 | 3 | 4 | 5 |
| 3. | English should be the only language used in the work setting among employees. | 1 | 2 | 3 | 4 | 5 |
| 4. | People should be judged by their character, not by the color of their skin. | 1 | 2 | 3 | 4 | 5 |
| 5. | If immigrant minorities don't like the way the system treats them, then they should go back to their native country. | 1 | 2 | 3 | 4 | 5 |
| 6. | Persons who can communicate in Spanish to clients are a valuable asset and should receive additional pay for this extra contribution. | 1 | 2 | 3 | 4 | 5 |
| 7. | It bothers me when people speak a different language to others around me, e.g., when Latino/Hispanic American coworkers speak Spanish to other coworkers. | 1 | 2 | 3 | 4 | 5 |

| | | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 8. | Affirmative action programs are important because they provide opportunities for minorities who would otherwise have little or no chance to succeed. | 1 | 2 | 3 | 4 | 5 |
| 9. | I believe that ethnic/racial minorities should blend into the melting pot of the United States. | 1 | 2 | 3 | 4 | 5 |
| 10. | Ethnic minority persons who express strong pride in their culture are psychologically healthier than those of deny their heritage. | 1 | 2 | 3 | 4 | 5 |

ID Code_____

## C. VALUES

**How important to you is it that:**

| | | Not at all Important | A Little | Some what | Very Important | Extremely Important | Most Important |
|---|---|---|---|---|---|---|---|
| 1. | You work with other staff that come from many different cultures (a multi-ethnic staff)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | You can express yourself freely (in any way), even if it means offending someone of another cultural background? | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | You treat others with respect, whatever their ethnic/racial heritage? | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | You work in a job setting where most employees in your unit are of your own ethnic/racial or national group? | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | At work you feel an acceptance and even a promotion of cultural diversity issues. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | You don't have to deal with issues of diversity and the need to learn a lot about other cultures? | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | At work you feel an acceptance and promotion of respect for other religions, specific holidays. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | Ethnic holidays such as Martin Luther King's Birthday are recognized by staff with whom you work. | 1 | 2 | 3 | 4 | 5 | 6 |

ID Code_____

## D. BEHAVIOR

**During the PAST YEAR, how often have you...**

| | | NEVER (Not at all) | RARELY (Once this year) | SOMETIMES (Once in 4 months) | OFTEN (About monthly) | ALMOST ALWAYS (About weekly) | ALWAYS (About Daily) |
|---|---|---|---|---|---|---|---|
| 1. | Gone out of your way, at work, to learn more about the background of someone from another cultural group? | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | Attended a cultural event (play, community fair, social gathering, concert, religious celebration, pow wow, feast) that featured an ethnic group other than your own? | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | Helped someone, at work, who, perhaps due to their cultural background, were in need of some help? | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | Reached out to someone from a cultural group which you know little about? | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | Expressed a comment or concern, at work, that more should be done in your unit to promote cultural diversity and competence? | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | Expressed a strong opinion, at work, about the need for policies or activities that promote cultural diversity? | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | Initiated a discussion of race relations or racism with a culturally different person. | 1 | 2 | 3 | 4 | 5 | 6 |

ID Code_____

## E. CULTURAL INVOLVEMENT

**During the PAST YEAR, how often have you...**

| | | NEVER (Not at all) | RARELY (Once this year) | SOMETIMES (Once in 4 months) | OFTEN (About monthly) | ALMOST ALWAYS (About weekly) | ALWAYS (About Daily) |
|---|---|---|---|---|---|---|---|
| 1. | Attended an African American social gathering or cultural event (e.g., church, community meeting, etc.)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | Visited and spent time with a family of Asian American descent? | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | Read a book, article, or poem written by an African American? | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | Worked on a program or project that benefits Latino/ Hispanic Americans? | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | Read a book, article, or poem written by an Asian American? | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | Attended a Native American/ American Indian social gathering or cultural event (e.g., church, community meeting, etc.)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | Visited and spent time with a family of Latino/Hispanic American descent? | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | Worked on a program or project that benefits African Americans? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | Worked on a program or project that benefits Native Americans/American Indians? | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | Visited and spent time with a family of Native American/ American Indian descent? | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. | Worked on a program or project that benefits Asian Americans? | 1 | 2 | 3 | 4 | 5 | 6 |

ID Code_____

## E. CULTURAL INVOLVEMENT (Concluded)

**During the PAST YEAR, how often have you...**

| | | NEVER (Not at all) | RARELY (Once this year) | SOMETIMES (Once in 4 months) | OFTEN (About monthly) | ALMOST ALWAYS (About weekly) | ALWAYS (About Daily) |
|---|---|---|---|---|---|---|---|
| 12. | Attended a Latino/Hispanic American social gathering or cultural event (e.g., church, community meeting, etc.)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. | Visited and spent time with a family of African American descent? | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. | Read a book, article, or poem written by a Latino/Hispanic American? | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. | Attended an Asian American social gathering or cultural event (e.g., church, community meeting, etc.)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. | Read a book, article, or poem written by a Native American/American Indian? | 1 | 2 | 3 | 4 | 5 | 6 |

ID Code_____

## F. CULTURAL INTEREST

**Please provide your personal views about the following statements.**

| | | Strongly Disagree | Disagree | Neither | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 1. | I make an effort to be sensitive to any cultural issues that affect people that I see. | 1 | 2 | 3 | 4 | 5 |
| 2. | I want to learn more about different cultures so that I can become more effective in developing health programs or providing health services to various ethnic minorities. | 1 | 2 | 3 | 4 | 5 |
| 3. | I intend to learn more about people from various cultures. | 1 | 2 | 3 | 4 | 5 |
| 4. | I feel that cultural competence training should be provided for our staff. | 1 | 2 | 3 | 4 | 5 |
| 5. | I want to improve my own level of cultural competence. | 1 | 2 | 3 | 4 | 5 |

ID Code_____

## II. UNIT CHARACTERISTICS

### A. ORGANIZATIONAL STRUCTURE

Regarding the organizational structure (staff, hierarchical arrangements, workspaces, equipment, etc.), please respond to the following.

**In relation to promoting cultural competence, the structure of your unit...**

| | Not at all | A Little | Somewhat | Very Much | A Lot |
|---|---|---|---|---|---|
| 1. Facilitates working interactions between persons of different minority backgrounds. | 1 | 2 | 3 | 4 | 5 |
| 2. Has flexibility, allowing persons to propose or develop programs that address cultural issues. | 1 | 2 | 3 | 4 | 5 |
| 3. Allows access to persons knowledgeable of community and minority culture issues. | 1 | 2 | 3 | 4 | 5 |
| 4. Is supportive of efforts to promote diversity and cultural competency at all levels of administration. | 1 | 2 | 3 | 4 | 5 |
| 5. Rewards (e.g., provide merit pay, release time, etc.) the development of programs that address cultural issues. | 1 | 2 | 3 | 4 | 5 |
| 6. Overall, fosters and promotes cultural competence. | 1 | 2 | 3 | 4 | 5 |

ID Code_____

## B. COMMUNICATIONS

Regarding communications within your unit, and with other ADHS units, please respond to the following.

**In relation to promoting cultural competence, the communication system and resources of your unit...**

| | Not at all | A Little | Somewhat | Very Much | A Lot |
|---|---|---|---|---|---|
| 1. Allow clear messages to be conveyed that inform others about support for cultural competence. | 1 | 2 | 3 | 4 | 5 |
| 2. Provide channels for a resolution of interpersonal conflicts or disputes regarding ethnic/racial disagreements. | 1 | 2 | 3 | 4 | 5 |
| 3. Provide information on ethnic/racial and cultural issues and circulate this information regularly. | 1 | 2 | 3 | 4 | 5 |
| 4. Provide messages on unit-wide support and on the desirability of cultural competence that are clear and frequent. | 1 | 2 | 3 | 4 | 5 |
| 5. Offer a strong level of support for communications on cultural competence. | 1 | 2 | 3 | 4 | 5 |
| 6. Create a unit that fosters respect for cultural competence. | 1 | 2 | 3 | 4 | 5 |
| 7. Overall, create a unit that fosters and promotes cultural competence. | 1 | 2 | 3 | 4 | 5 |

ID Code_____

## C. UNIT OPERATIONS

Regarding unit operations (budgets, daily rules and practices, operating guidelines, etc.), please respond to the following:

**Unit operations relate to cultural competence within your unit by...**

| | Not at all/None | A Little | Somewhat | Very Much | The Most |
|---|---|---|---|---|---|
| 1. Facilitating staff activities that aim at cultural competence. | 1 | 2 | 3 | 4 | 5 |
| 2. Being flexible and allowing attention to special cases or circumstances that are introduced as the result of cultural factors. | 1 | 2 | 3 | 4 | 5 |
| 3. Allowing the allocation of funds for initiatives that promote cultural competence within the unit. | 1 | 2 | 3 | 4 | 5 |
| 4. Having rules and guidelines that are clear in the endorsement of cultural diversity and cultural competence. | 1 | 2 | 3 | 4 | 5 |
| 5. Creating a unit whose culture and typical ways of doing business facilitate the practice of cultural competence. | 1 | 2 | 3 | 4 | 5 |

ID Code_____

## D. SYSTEM-WIDE POLICIES

Regarding institutional policies (Arizona Department of Health Services (ADHS) policies and system-wide guidelines), please respond to the following:

**System-wide policies relate to cultural competence by...**

| | Not at all | A Little | Somewhat | Very Much | The Most |
|---|---|---|---|---|---|
| 1. Promoting the spirit of cultural competence by way of accepting and encouraging cultural diversity. | 1 | 2 | 3 | 4 | 5 |
| 2. Making it easy to enact diversity in terms of hiring and addressing grievances. | 1 | 2 | 3 | 4 | 5 |
| 3. Facilitating cultural competence in allowing a close self-examination of areas where the system falls short of its goals. | 1 | 2 | 3 | 4 | 5 |
| 4. Lacking attention to issues of cultural competence and diversity. | 1 | 2 | 3 | 4 | 5 |
| 5. Involving culturally different individuals in writing all system-wide policies. | 1 | 2 | 3 | 4 | 5 |

ID Code_____

## E. LEADERSHIP

Regarding leadership exhibited by unit heads and top administrators, please respond to the following:

**Actions of ADHS leaders relate to cultural competence by...**

| | Not at all | A Little | Somewhat | Very Much | The Most |
|---|---|---|---|---|---|
| 1. Their acting as role models that support and promote cultural competence. | 1 | 2 | 3 | 4 | 5 |
| 2. Taking a stand that communicates a proactive approach to cultural diversity and cultural competence. | 1 | 2 | 3 | 4 | 5 |
| 3. Working towards creating policies, procedures, and other activities that promote cultural diversity and cultural competence. | 1 | 2 | 3 | 4 | 5 |
| 4. Showing a sensitivity to nuances of culture in actions taken and in programs developed. | 1 | 2 | 3 | 4 | 5 |
| 5. Including promotion of cultural competence in the formal evaluations of ADHS leaders. | 1 | 2 | 3 | 4 | 5 |

ID Code_____

## F. STRATEGIC PLANS

Regarding the ADHS strategic plans, please respond to the following:

**Strategic plan aims and contents relate to cultural competence by...**

| | Not at all | A Little | Somewhat | Very Much | The Most |
|---|---|---|---|---|---|
| 1. Incorporating concepts of culture, diversity, and cultural competence as core features of agency policy, procedures, and future aims. | 1 | 2 | 3 | 4 | 5 |
| 2. Including efforts at training staff with the aim of increasing staff levels of cultural competence. | 1 | 2 | 3 | 4 | 5 |
| 3. Including an assessment or evaluation of how the agency is doing in efforts to meet culture competence goals and standards. | 1 | 2 | 3 | 4 | 5 |
| 4. Indicating publicly that cultural competence is an important institutional concept that is to be promoted actively and promoted on a daily basis. | 1 | 2 | 3 | 4 | 5 |

## III. BACKGROUND

### YOUR CULTURAL ROOTS

### A. BIRTHPLACE

1. Where were you born?

[10] [ ] In the United States?

[11] [ ] In Arizona?
[12] [ ] Other state? Please specify_____

[20] [ ] Outside the United States?

[21] [ ] Mexico?
[22] [ ] Canada?
[23] [ ] Other, please specify_____

### B. LANGUAGE BACKGROUND

What languages do you speak and how well?

[10] [ ] English

[11] [ ] A little
[12] [ ] Well
[13] [ ] Fluent

[20] [ ] Spanish

[21] [ ] A little
[22] [ ] Well
[23] [ ] Fluent

[30] [ ] Other, please specify_____

[31] [ ] A little
[32] [ ] Well
[33] [ ] Fluent

## C. YOUR HERITAGE AND IDENTITY

**Please indicate the general and specific identifiers of ethnicity/race or national origin that best describe how you identify yourself. For example, if you identify as being of "Chinese background," you would indicate as your General Category: Asian/Pacific Islander [30], and as your Specific Category: Chinese [31]. Please check both parts.**

[10] [ ] Anglo American/White
- [11] [ ] American heritage of many generations
- [12] [ ] Irish American
- [13] [ ] English American
- [14] [ ] Other European roots
- [15] [ ] Other_____

[20] [ ] African Americans/Black
- [21] [ ] from Africa
- [22] [ ] from the Caribbean
- [23] [ ] Other_____

[30] [ ] Asian/Pacific Islander
- [31] [ ] Chinese
- [32] [ ] Japanese
- [33] [ ] Korean
- [34] [ ] Filipino
- [35] [ ] Other_____

[40] [ ] Hispanic/Latino
- [41] [ ] Mexican American/Chicano
- [42] [ ] Puerto Rican
- [43] [ ] Cuban
- [44] [ ] Central American
- [45] [ ] South American
- [46] [ ] Other_____

[50] [ ] Native American/American Indian
- [51] [ ] Native
- [52] [ ] Apache
- [52] [ ] Yaqui
- [54] [ ] Tohono O'odham
- [55] [ ] Other tribe_____

[60] [ ] Mixed Ethnic/Racial Background, please specify:_____

[70] [ ] Other, please specify:_____

## D. OTHER BACKGROUND CHARACTERISTICS

1. Your grade level within ADHS is_____.

2. Gender

   1. [ ] Male
   2. [ ] Female

3. Marital Status

   1. [ ] Never married
   2. [ ] Currently married
   3. [ ] Other

4. Professional status by degree

   1. [ ] less than high school degree.
   2. [ ] high school degree.
   3. [ ] AA degree (2 years of college)
   4. [ ] BA/BS degree (4 years of college)
   5. [ ] MA/MS degree
   6. [ ] MD/Ph.D., other doctoral degree

5. Professional identity

   1. [ ] Nursing
   2. [ ] Social Work
   3. [ ] Public Health
   4. [ ] Social/Behavioral Sciences
   5. [ ] Medicine
   6. [ ] Administration
   7. [ ] Other_____

Thank you for the time and effort that you have contributed. We appreciate it!

# APPENDIX B

# STAFF SURVEY

ID Code_____

# ARIZONA DEPARTMENT OF HEALTH SERVICES
# NEEDS ASSESSMENT
## Staff Survey - Form B

The Arizona Department of Health Services (ADHS) has contracted with the Arizona State University Hispanic Research Center to conduct a cultural competency needs assessment of the department. You have been selected to participate in this assessment. The purpose of this assessment is to assist the ADHS in future planning and responding to the needs of the many cultures in our state. It is important that your responses are as accurate as possible. Your responses are completely ***confidential*** and ***anonymous.*** Your name is linked to your ID number **only** by the Assistant Evaluator, who must do so for purposes of keeping an inventory of who has responded. You may choose not to answer any question, however, your full participation is strongly encouraged. **We ask you to respond candidly to all questions and to do so without consulting with anyone else since these questions are about your unique personal views.** A Site Coordinator has been chosen to assist in the distribution and return of the Survey Forms only. Therefore, Site Coordinators will not review your responses. Questions about this project can be directed to Alma S. Peña, 542-2906. Thank you for your participation.

We would like to know your views and beliefs about the work of your unit and the Arizona Department of Health Services (ADHS). Please respond to the items or questions that follow by answering as *honestly* as you can. Your answers will be *confidential*, meaning that they won't be shared with anyone else. And, your answers are *anonymous* since only an ID number and not your name appears on this survey form.

DIRECTIONS:

(1) Note your ID Code as indicated on the sign-in sheet.
(2) It is important that you write your ID Code on the front of the survey and on every page.
(3) **DO NOT** write your name on the survey. Only your ID Code as indicated on the sign-in sheet is to be used.
(4) Please answer all the questions to the best of your ability. The best answer is what you think or feel.

Please note the following concepts and their definitions as you respond to the survey items.

The terms culture, cultural diversity, and cultural competence have various definitions.

**Culture** generally refers to, "The shared values, norms, traditions, customs, art, history, folklore, and institutions of a group of people."*

**Cultural diversity** refers to, "differences in race, ethnicity, language, nationality, or religion among various groups within a community, organization, or nation. A city is said to be culturally diverse if its residents include members of different groups."*

**Cultural competence** is knowledge, attitudes, and policies within an agency which allows individuals to work effectively in cross cultural situations. This requires the willingness and ability to utilize community-based values, traditions, and practices in developing and evaluating interventions, communication, and other activities.**

* M. A. Orlandi, R. Watson, & L.G. Epstein (Eds.), Cultural Competence for Evaluators (1992). Office of Substance Abuse Prevention, U.S. Department of Health and Human Services, Rockville, MD.

** Arizona Department of Health Services, Center for Minority Health (1994).

ID Code_____

## I. YOUR VIEWS

### A. KNOWLEDGE

Please circle the number for the answer that you think is correct.

1. Currently the largest ethnic minority group in the United States is:

    1. Latinos/Hispanic Americans
    2. African Americans
    3. Asian Americans/Pacific Islanders
    4. Native Americans/American Indians

2. Currently the largest ethnic minority group in Arizona is:

    1. Latinos/Hispanic Americans
    2. African Americans
    3. Asian Americans/Pacific Islanders
    4. Native Americans/American Indians

3. In terms of numbers, the fastest growing ethnic minority group in the United States is:

    1. Latinos/Hispanic Americans
    2. African Americans
    3. Asian American/Pacific Islander
    4. Native Americans/American Indians

4. In terms of percentages, the fastest growing ethnic minority group in the United States is:

    1. Latinos/Hispanic Americans
    2. African Americans
    3. Asian Americans/Pacific Islanders
    4. Native Americans/American Indians

5. According to 1990 census data, which of the following ethnic minority groups has the highest education level on average?

    1. Latinos/Hispanic Americans
    2. African Americans
    3. Asian Americans/Pacific Islanders
    4. Native Americans/American Indians

6. The largest group of Asian American immigrants in Arizona today come from which country?

   1. Japan
   2. Vietnam
   3. China
   4. Korea

7. Native Americans/American Indians represent a diverse group of people identified by tribal membership. How many tribes are there in the United States?

   1. 10
   2. 200
   3. over 500
   4. over 1,000

8. The Arizona Native Americans/American Indian tribes include:

   1. Navajo, Hopi, Apache, Tohono O'odham
   2. Yaqui, Cherokee, Pawnee, Iroquois
   3. Hopi, Comanche, Mauori, Mayan
   4. Navajo, Choctaw, Creek, Apache

9. The most critical area for focused attention in the health care of Native Americans/American Indians is:

   1. acute infectious diseases
   2. incongruities in health beliefs and practices
   3. chronic degenerative diseases
   4. predisposing factors associated with health risk behaviors

10. Which of the following groups is most likely to be at risk of death by homicide?

    1. Anglo Americans
    2. Latino/Hispanic Americans
    3. African Americans
    4. Asian Americans/Pacific Islanders
    5. Native Americans/American Indians

11. In 1990, the largest Asian American ethnic group in terms of numbers in the U.S. population was:

    1. Chinese
    2. Filipino
    3. Japanese
    4. Korean

12. Which of these items is true about Latino/Hispanic Americans in the United States?

    1. The Latino/Hispanic American population consists primarily of persons of a single racial group?
    2 Not all Latino/Hispanic Americans speak Spanish.
    3. Latino/Hispanic American families are 2.9 times as likely as Anglo American families to live in poverty.
    4. Both 2 and 3.

13. Which of these is <u>not</u> an important and well-recognized cultural concept that addresses the rules of communication within the Latino/Hispanic American cultures?

    1. "Familism" = the importance of the family and of family unity, as contrasted with the importance of the individual person.
    2. "Buenos tiempos" = good times, the usefulness of informal chatter and levity in order to help a person feel relaxed and welcomed.
    3. "Personalismo" = the importance of a close trusting and congenial relationship between individuals.
    4. "Respeto" = the according of respect and deference to an authority figure or to a higher ranking person, along with the practice of courteous and respectful reciprocity in all social interactions.

14. Important aspects of true "cultural competence" in a system of health service delivery include:

    1. An agency's acceptance and respect of differences in the beliefs and behaviors of various cultural subgroups of clients/patients.
    2. Sustained self-analysis, a consistent seeking of advice and consultation from minority clients and professionals, and a commitment to policies to enhance services to a diverse clientele.
    3. The development of a separate system of health services that emphasize folk and traditional medicine in an effort to appeal to the needs and preferences of a given ethnic minority group.
    4. Both 1 and 2.

ID Code_____

## B. ATTITUDES

| | | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 1. | People are pretty much the same all over; looking at issues of race and ethnicity just creates conflict and divisiveness. | 1 | 2 | 3 | 4 | 5 |
| 2. | Today prejudice and discrimination still occurs throughout the United States. | 1 | 2 | 3 | 4 | 5 |
| 3. | English should be the only language used in the work setting among employees. | 1 | 2 | 3 | 4 | 5 |
| 4. | People should be judged by their character, not by the color of their skin. | 1 | 2 | 3 | 4 | 5 |
| 5. | If immigrant minorities don't like the way the system treats them, then they should go back to their native country. | 1 | 2 | 3 | 4 | 5 |
| 6. | Persons who can communicate in Spanish to clients are a valuable asset and should receive additional pay for this extra contribution. | 1 | 2 | 3 | 4 | 5 |
| 7. | It bothers me when people speak a different language to others around me, e.g., when Latino/Hispanic American coworkers speak Spanish to other coworkers. | 1 | 2 | 3 | 4 | 5 |

ID Code_____

## B. ATTITUDES (Concluded)

| | | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 8. | Affirmative action programs are important because they provide opportunities for minorities who otherwise would heave little or no chance to succeed. | 1 | 2 | 3 | 4 | 5 |
| 9. | I believe that ethnic/racial minorities should learn more about American customs and language in order to blend into the melting pot of the United States. | 1 | 2 | 3 | 4 | 5 |
| 10. | Ethnic minority persons who express strong pride in their culture are psychologically healthier than those who deny their heritage. | 1 | 2 | 3 | 4 | 5 |

ID Code_____

## C. VALUES

**How important to you is it that:**

| | | Not at all Important | A Little | Some what | Very Important | Extremely Important | Most Important |
|---|---|---|---|---|---|---|---|
| 1. | You work with other staff that come from many different cultures (a multi-ethnic staff)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | You can express yourself freely (in any way), even if it means offending someone of another cultural background? | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | You are treated with respect, whatever your ethnic/racial heritage? | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | You work in a job setting where most employees in your unit are of your own ethnic/racial or national group? | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | At work you feel an acceptance and even a promotion of cultural diversity issues. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | You don't have to deal with issues of diversity and the need to learn a lot about other cultures? | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | At work you feel an acceptance and promotion of respect for other religions, specific holidays. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | Ethnic holidays such as Martin Luther King's Birthday are recognized by staff with whom you work. | 1 | 2 | 3 | 4 | 5 | 6 |

ID Code_____

## D. BEHAVIOR

**During the PAST YEAR, how often have you...**

| | | NEVER (Not at all) | RARELY (Once this year) | SOMETIMES (Once in 4 months) | OFTEN (About monthly) | ALMOST ALWAYS (About weekly) | ALWAYS (About Daily) |
|---|---|---|---|---|---|---|---|
| 1. | Gone out of your way, at work, to learn more about the background of someone from another cultural group? | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | Attended a cultural event (play, community fair, social gathering, concert, religious celebration, pow wow, feast) that featured an ethnic group other than your own? | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | Helped someone, at work, who, perhaps due to their cultural background, were in need of some help? | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | Reached out to someone from a cultural group which you know little about? | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | Expressed a comment or concern, at work, that more should be done in your unit to promote cultural diversity and competence? | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | Expressed a strong opinion, at work, about the need for policies or activities that promote cultural diversity? | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | Initiated a discussion of race relations or racism with a culturally different person. | 1 | 2 | 3 | 4 | 5 | 6 |

ID Code_____

## E. CULTURAL INVOLVEMENT

**During the PAST YEAR, how often have you...**

| | | NEVER (Not at all) | RARELY (Once this year) | SOMETIMES (Once in 4 months) | OFTEN (About monthly) | ALMOST ALWAYS (About weekly) | ALWAYS (About Daily) |
|---|---|---|---|---|---|---|---|
| 1. | Attended an African American social gathering or cultural event (e.g., church, community meeting, etc.)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | Visited and spent time with a family of Asian American descent? | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | Read a book, article, or poem written by an African American? | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | Worked on a program or project that benefits Latino/Hispanic Americans? | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | Read a book, article, or poem written by an Asian American? | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | Attended a Native American/ American Indian social gathering or cultural event (e.g., church, community meeting, etc.)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | Visited and spent time with a family of Latino/Hispanic American descent? | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | Worked on a program or project that benefits African Americans? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | Worked on a program or project that benefits Native Americans/American Indians? | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | Visited and spent time with a family of Native Americans/ American Indian descent? | 1 | 2 | 3 | 4 | 5 | 6 |

ID Code_____

## E. CULTURAL INVOLVEMENT (Concluded)

**During the PAST YEAR, how often have you...**

| | NEVER (Not at all) | RARELY (Once this year) | SOMETIMES (Once in 4 months) | OFTEN (About monthly) | ALMOST ALWAYS (About weekly) | ALWAYS (About Daily) |
|---|---|---|---|---|---|---|
| 11. Worked on a program or project that benefits Asian Americans? | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. Attended an Latino/Hispanic American social gathering or cultural event (e.g., church, community meeting, etc.)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. Visited and spent time with a family of African American descent? | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. Read a book, article, or poem written by a Latino/Hispanic American? | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. Attended an Asian American social gathering or cultural event (e.g., church, community meeting, etc.)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. Read a book, article, or poem by a Native American/ American Indian? | 1 | 2 | 3 | 4 | 5 | 6 |

ID Code_____

## F. CULTURAL INTEREST

**Please provide your personal views about the following statements**

| | | Strongly Disagree | Disagree | Neither | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 1. | I make an effort to be sensitive to any cultural issues that affect people that I see. | 1 | 2 | 3 | 4 | 5 |
| 2. | I want to learn more about different cultures so that I can become more effective in developing health programs or providing health services to various ethnic minorities. | 1 | 2 | 3 | 4 | 5 |
| 3. | I intend to learn more about people from various cultures. | 1 | 2 | 3 | 4 | 5 |
| 4. | I feel that cultural competence training should be provided for our staff. | 1 | 2 | 3 | 4 | 5 |
| 5. | I want to improve my own level of cultural competence. | 1 | 2 | 3 | 4 | 5 |

ID Code_____

## II. YOUR WORK ENVIRONMENT

### A. OFFICE ENVIRONMENT

| | | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 1. | I feel comfortable asking assistance from administrators when seeking information about promotions and employee policy. | 1 | 2 | 3 | 4 | 5 |
| 2. | I feel the Arizona Department of Health Services policy is sensitive to culturally diverse groups/ethnic minority populations. | 1 | 2 | 3 | 4 | 5 |
| 3. | While on the job, I have experienced prejudice/discrimination due to my ethnicity/race or culture. | 1 | 2 | 3 | 4 | 5 |
| 4. | I trust the Administrators/Supervisors to be fair rather than showing bias when mediating conflicts involving staff from different ethnic groups. | 1 | 2 | 3 | 4 | 5 |
| 5. | I feel comfortable asking for feedback from administrators culturally different from myself when seeking information about my performance. | 1 | 2 | 3 | 4 | 5 |
| 6. | I am apprehensive about interacting with minority staff because they may misinterpret something I say or do. | 1 | 2 | 3 | 4 | 5 |
| 7. | These days, minorities seem to get more benefits than non-minorities. | 1 | 2 | 3 | 4 | 5 |

## B. CULTURAL COMPETENCY OF THE UNIT

**Within your section/unit, which statement best describes your unit's orientation towards cultural issues in program development and service delivery: (Choose only one.)**

1. Attention to cultural issues is seen as totally unnecessary in health programs and service delivery.

2. People should be treated equally in all situations; no one should receive special attention.

3. Cultural issues should be examined from time to time; although cultural factors are not major issues in the development of health programs and service delivery.

4. Cultural issues should be examined in depth and with respect, in order to offer better health programs and services.

ID Code_____

## C. Training Needs

**For your unit, please rate how much need for training there is in each of these areas.**

| | | Not at all | A Little | Some what | A Lot | Extremely |
|---|---|---|---|---|---|---|
| 1. | Understanding the major health needs of various ethnic minority groups. | 1 | 2 | 3 | 4 | 5 |
| 2. | Understanding barriers to health care faced by various ethnic minority groups. | 1 | 2 | 3 | 4 | 5 |
| 3. | Understanding the health-related beliefs, behaviors, traditions, and customs of various ethnic minority groups. | 1 | 2 | 3 | 4 | 5 |
| 4. | Understanding how to communicate and to work more effectively with various ethnic minority clients. | 1 | 2 | 3 | 4 | 5 |
| 5. | Learning how to make the agency more sensitive and responsive to the needs of various ethnic minority clients. | 1 | 2 | 3 | 4 | 5 |
| 6. | Understanding the need to evaluate the effectiveness of programs designed to help ethnic minority populations. | 1 | 2 | 3 | 4 | 5 |
| 7. | Helping clients to be more actively involved in meeting their own health care needs. | 1 | 2 | 3 | 4 | 5 |
| 8. | How to provide culture sensitivity training to others. | 1 | 2 | 3 | 4 | 5 |
| 9. | How to involve minority community members in the planning of programs. | 1 | 2 | 3 | 4 | 5 |
| 10. | Learning more about specific resources that are available in minority communities (e.g., churches, traditional healers). | 1 | 2 | 3 | 4 | 5 |

## D. TRAINING PREFERENCES

**Please rate how much you want cultural competence training in each of the following areas.**

| | | Not at all | A Little | Some what | A Lot | The Most |
|---|---|---|---|---|---|---|
| 1. | The health beliefs of various ethnic/racial groups. | 1 | 2 | 3 | 4 | 5 |
| 2. | Equal employment opportunity (EEO) laws and regulations. | 1 | 2 | 3 | 4 | 5 |
| 3. | Program evaluation techniques for evaluation of programs that serve ethnic/racial populations. | 1 | 2 | 3 | 4 | 5 |
| 4. | Cross-cultural communications. | 1 | 2 | 3 | 4 | 5 |
| 5. | Affirmative action policy. | 1 | 2 | 3 | 4 | 5 |
| 6. | Program development for ethnic/racial populations. | 1 | 2 | 3 | 4 | 5 |
| 7. | Multicultural management techniques. | 1 | 2 | 3 | 4 | 5 |
| 8. | Training in the health needs of different ethnic/racial groups. | 1 | 2 | 3 | 4 | 5 |
| 9. | Facilitating minority patients' psychosocial adjustment to health problems. | 1 | 2 | 3 | 4 | 5 |
| 10. | Conducting culturally sensitive health interviews with different ethnic/racial group clients. | 1 | 2 | 3 | 4 | 5 |

## E. HEALTH-RELATED SERVICES

**Please answer the following questions whether or not your agency is currently providing health services**

1. Does your section/unit currently provide health services?

   1. No
   2. Yes

2. How prepared is your section/unit to administer programs and services that are culturally responsive to ethnic minorities?

   1. Not at all
   2. Willing to try
   3. Currently developing a plan
   4. Have a working plan
   5. Currently delivering culturally responsive programs

3. What priority **is given** to health programs and services for ethnic minorities within your section/unit?

| Not a Priority | Low Priority | Moderate Priority | High Priority | Top Priority |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

4. What priority **would you like to see** given to health programs and services for ethnic minorities?

| Not a Priority | Low Priority | Moderate Priority | High Priority | Top Priority |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

ID Code_____

## F. BARRIERS TO HEALTH SERVICES

**Please circle how much each of the following issues currently limit the effectiveness of health programs and services for ethnic minorities in Maricopa County.**

| | | Not at all | A Little | Some what | A Lot | Extremely |
|---|---|---|---|---|---|---|
| 1. | Providers' negative attitudes towards patients/clients. | 1 | 2 | 3 | 4 | 5 |
| 2. | Lack appropriate interpreters (sometimes using children, cleaning staff, etc.). | 1 | 2 | 3 | 4 | 5 |
| 3. | Lack of advertisement of clinic services in minority communities through churches, community organizations, etc. | 1 | 2 | 3 | 4 | 5 |
| 4. | Client's language skills (speaking only Spanish or other language). | 1 | 2 | 3 | 4 | 5 |
| 5. | Eligibility criteria that limits access to health services rather than increasing access for certain groups. | 1 | 2 | 3 | 4 | 5 |
| 6. | Cultural differences in beliefs between patients and providers. | 1 | 2 | 3 | 4 | 5 |
| 7. | Client's limited transportation. | 1 | 2 | 3 | 4 | 5 |
| 8. | Clinic scheduling policies that don't offer evening or weekend hours of service.. | 1 | 2 | 3 | 4 | 5 |
| 9. | Too few minority staff with whom minority clients can identify and communicate. | 1 | 2 | 3 | 4 | 5 |

## III. BACKGROUND

## YOUR CULTURAL ROOTS

### A. BIRTHPLACE

1. Where were you born?

[10] [ ] In the United States?

[11] [ ] In Arizona?
[12] [ ] Other state?

[20] [ ] Outside the United States?

[21] [ ] Mexico?
[22] [ ] Canada?
[23] [ ] Other?

### B. LANGUAGE BACKGROUND

What languages do you speak and how well?

[10] [ ] English

[11] [ ] A little
[12] [ ] Well
[13] [ ] Fluent

[20] [ ] Spanish

[21] [ ] A little
[22] [ ] Well
[23] [ ] Fluent

[30] [ ] Other, please specify_____

[31] [ ] A little
[32] [ ] Well
[33] [ ] Fluent

## C. YOUR HERITAGE AND IDENTITY

**Please indicate the general and specific identifiers of ethnicity/race or national origin that best describe how you identify yourself. For example, if you identify as being of "Chinese background," you would indicate as your General Category: Asian/Pacific Islander [30], and as your Specific Category: Chinese [31]. Please check both parts.**

[10] [ ] Anglo American/White
- [11] [ ] American heritage of many generations
- [12] [ ] Irish American
- [13] [ ] English American
- [14] [ ] Other European roots
- [15] [ ] Other_____

[20] [ ] African American/Black
- [21] [ ] from Africa
- [22] [ ] from the Caribbean
- [23] [ ] Other_____

[30] [ ] Asian/Pacific Islander
- [31] [ ] Chinese
- [32] [ ] Japanese
- [33] [ ] Korean
- [34] [ ] Filipino
- [35] [ ] Other_____

[40] [ ] Hispanic/Latino
- [41] [ ] Mexican American/Chicano
- [42] [ ] Puerto Rican
- [43] [ ] Cuban
- [44] [ ] Central American
- [45] [ ] South American
- [46] [ ] Other_____

[50] [ ] Native American/American Indian
- [51] [ ] Navajo
- [52] [ ] Apache
- [52] [ ] Yaqui
- [54] [ ] Tohono O'odham
- [55] [ ] Pima
- [56] [ ] Hopi
- [57] [ ] Other tribe_____

[60] [ ] Mixed Ethnic/Racial Background, please specify:_____

[70] [ ] Other, please specify:_____

## D. OTHER BACKGROUND CHARACTERISTICS

1. Your grade level within ADHS is_____.

2. Gender

   1. [ ] Male
   2. [ ] Female

3. Marital Status

   1. [ ] Never married
   2. [ ] Currently married
   3. [ ] Other

4. Professional status by degree

   1. [ ] less than high school degree.
   2. [ ] high school degree.
   3. [ ] AA degree (2 years of college)
   4. [ ] BA/BS degree (4 years of college)
   5. [ ] MA/MS degree
   6. [ ] MD/Ph.D., other doctoral degree

5. Professional identity

   1. [ ] Nursing
   2. [ ] Social Work
   3. [ ] Public Health
   4. [ ] Social/Behavioral Sciences
   5. [ ] Medicine
   6. [ ] Administration
   7. [ ] Other_____

Thank you for the time and effort that you have contributed. We appreciate it!

Número de Identificación_____

# DEPARTAMENTO DE SERVICIOS DE LA SALUD DE ARIZONA
# EVALUACION DE APTITUDES CULTURALES
## Encuesta del Personal - Forma B

Para su información: El Departamento de Servicios de la Salud de Arizona (ADHS) ha contratado al Centro Hispano (HRC) de la Universidad Estatal de Arizona (ASU) para que haga un estudio de los aspectos culturales en el departamento. Usted ha sido seleccionado para participar en este estudio. El propósito de este estudio es asistir al ADHS a entender mejor los aspectos culturales relacionados con la salud de la gente de nuestro estado. Por favor responda a las preguntas como usted opina. Usted puede dejar sin contestar cualquier pregunta, aunque le pedimos que conteste con honestidad a todas las preguntas. Por favor responda con franqueza a todas las preguntas y responda sin hablar con otras personas ya que estas preguntas requieren su opinión personal. La mejor respuesta es la que indique su propia opinión. En el lugar donde usted trabaja hay un Coordinador que va a distribuir y recolectar las Formas de Examinación. Los Coordinadores no revisarán sus respuestas. Si usted tiene preguntas sobre este proyecto por favor llame a Alma S. Peña, 542-2906. Gracias por su participación.

Nos gustaría obtener sus opiniones y creencias acerca de su unidad de trabajo y del Departamento de Servicios de la Salud de Arizona (ADHS). Por favor responda a las preguntas lo más honestamente posible. Sus respuestas serán confidenciales. Esto quiere decir que no serán compartidas con nadie más. Además, sus respuestas serán anónimas ya que sólo aparecerá en esta forma un número de Identificación y no su nombre.

Por favor note lo que significan los siguientes términos cuando responda a los temas de la encuesta.

**Cultura** se refiere a "los valores, reglas comunitarias, tradiciones, costumbres, arte, historia, folklore e instituciones que comparten un grupo de personas".

**Diversidad cultural** se refiere a "las variedades de razas, etnicidades, lenguajes, nacionalidades o religiones que existen en una comunidad, organización o nación. Se dice que una ciudad es culturalmente diversa si sus residentes incluyen miembros de diferentes grupos".

**Aptitud cultural** dentro de una organización, se refiere al conocimiento, actitudes y reglas de la organización que permiten que los empleados de diferentes culturas trabajen bien juntos. Esto requiere que haya deseo y capacidad de respetar los valores, las tradiciónes y las costumbres en el desarrollo y evaluación de programas, mensajes y otras actividades que promueven la salud de las personas en una comunidad.

**Minoría étnica** se refiere a gente de cultura étnica minoritaria en los Estados Unidos quienes son: gente de raza negra (africoamericanos), de origen latino (latinos/hispano-americanos), de origen oriental (asiaticoamericanos) y gentes que son indios (nativos americanos/indios americanos).

## I. SUS PUNTOS DE VISTA

### A. CONOCIMIENTO

Por favor encierre en un circulo el número de la respuesta que usted piense sea la correcta.

1. Actualmente el grupo de minoría étnica más grande en número de población en los Estados Unidos es:

    1. Latinos/hispanoamericanos
    2. Africoamericanos (negros)
    3. Asiáticoamericanos (orientales)/Isleños del pacífico
    4. Los nativos de america/Indios americanos

2. Actualmente el grupo de minoría étnica más grande en Arizona es:

    1. Latinos/hispanoamericanos
    2. Africoamericanos (negros)
    3. Asiáticoamericanos (orientales)/Isleños del pacífico
    4. Los nativos de america/Indios americanos

3. En terminos de número de gente, el grupo de minoría étnica de más rápido crecimiento en los Estados Unidos es:

    1. Latinos/hispanoamericanos
    2. Africoamericanos (negros)
    3. Asiáticoamericanos (orientales)/Isleños del pacífico
    4. Los nativos de america/Indios americanos

4. En terminos de porcentaje, el grupo de minoría étnica de más rápido crecimiento en los Estados Unidos es:

    1. Latinos/hispanoamericanos
    2. Africoamericanos (negros)
    3. Asiáticoamericanos (orientales)/Isleños del pacífico
    4. Los nativos de america/Indios americanos

5. De acuerdo a los datos del censo de 1990, ¿cuál de los siguientes grupos minoritarios étnicos tiene el más alto nivel de educación?

    1. Latinos/hispanoamericanos
    2. Africoamericanos (negros)
    3. Asiáticoamericanos (orientales)/Isleños del pacífico
    4. Los nativos de america/Indios americanos

6. ¿ Actualmente, de qué país proviene el grupo más grande de inmigrantes asiaticoamericanos en Arizona?

   1. Japón
   2. Vietnam
   3. China
   4. Corea

7. Los nativos americanos/indios americanos representan un grupo diverso de gente identificada por su afiliación a cierta tribu. ¿Cuántas tribus existen en los Estados Unidos?

   1. 10
   2. 200
   3. más de 500
   4. más de 1,000

8. Las tribus de nativos americanos/indios americanos en Arizona incluyen:

   1. Navajo, Hopi, Apache, Tohono O'odham
   2. Yaqui, Cherokee, Pawnee, Iroquois
   3. Hopi, Comanche, Mauori, Maya
   4. Navajo, Choctaw, Creek, Apache

9. El área que requiere más atención para promover la salud de los nativos americanos/indios americanos es:

   1. enfermedades infecciosas
   2. problemas en ciertas creencias y costumbres de la salud
   3. enfermedades crónicas
   4. condiciones asociadas con riesgo de enfermedades

10. ¿Cuál de los siguientes grupos tiene el mayor riesgo de morir por homicidio (o eventos violentos)?

    1. Angloamericanos
    2. Latino/hispanoamericanos
    3. Africoamericanos (negros)
    4. Asiáticoamericanos (orientales)/Isleños del pacífico
    5. Nativos americanos/indios americanos

11. En 1990, el grupo de asiáticoamericanos (orientales) más grande con respecto al número de población en los Estados Unidos fue:

    1. Filipinos
    2. Japoneses
    3. Chinos
    4. Coreanos

12. ¿Cuál de las siguientes frases es correcta con respecto a los latinos/hipanoamericanos en los Estados Unidos?

    1. La población latina/hispanoamericana consiste de personas del mismo grupo racial.
    2. No todos los latinos/hispanoamericanos hablan español.
    3. Es 2.9 veces más probable que las familias latinas/hispanoamericanas vivan en la pobreza en comparación con las familias angloamericanas.
    4. Las frases 2 y 3 son correctas.

13. ¿Cuál de las siguientes no es una costumbre importante relacionada con la forma de comunicación que existe dentro de las culturas latinas/hispanoamericanas?

    1. "Unión familiar"= importancia de la familia y de la unidad familiar, en contraste con la importancia del individuo.
    2. "Buenos tiempos"= darle importancia a las bromas y a la plática informal para ayudar a que una persona se sienta relajada y bienvenida.
    3. "Personalismo"= la importancia de una relación cercana y de confianza.
    4. "Respeto"= darle respeto a una persona de alto rango, así como ser cortés y respetuoso en sus relaciones con otras gentes.

14. La "aptitud cultural" en una organización de servicios de salud consite en:

    1. La aceptación y respeto dentro de la organización de las diferencias en las creencias y comportamientos de los diferentes grupos culturales de clientes y pacientes.
    2. Un autoanálisis completo que requiere que se escuchen las opiniones de clientes y profesionales de varias culturas, y tomar acción que ayude eficazmente a una clientela diversa.
    3. Formar un sistema aparte de servicios de salud que use la medicina popular (como los curanderos) con el objetivo de tomar en cuenta las preferencias de gente rural o campesina o de un grupo étnico minoritario.
    4. La frase 1 y la 2.

## B. ACTITUDES

| | | En desacuerdo | | Ni Si Ni No | De acuerdo | |
|---|---|---|---|---|---|---|
| | | ¡No! | Quizás no | | Quizás sí | ¡Sí! |
| 1. | La gente es más o menos la misma en todo lugar; el tocar temas de raza y etnicidad sólo crea conflictos y divisiones. | 1 | 2 | 3 | 4 | 5 |
| 2. | Hoy en día los prejuicios y la discriminación todavía ocurren a través de los Estados Unidos. | 1 | 2 | 3 | 4 | 5 |
| 3. | En el trabajo, el inglés debería ser el único idioma usado entre los empleados. | 1 | 2 | 3 | 4 | 5 |
| 4. | La gente debería ser juzgada por su caracter, no por el color de su piel. | 1 | 2 | 3 | 4 | 5 |
| 5. | Si a la gente inmigrante no le gusta la manera en que se les trata en este país, deberían regresarse a su país natal. | 1 | 2 | 3 | 4 | 5 |
| 6. | Los trabajadores que pueden comunicarse en español con los clientes "valen por dos" y deberían recibir paga adicional por su contribución extra. | 1 | 2 | 3 | 4 | 5 |
| 7. | Me molesta cuando la gente a mi alrededor habla un idioma diferente, por ejemplo, cuando compañeros de trabajo latinos/hispanoamericanos hablan español con otros trabajadores. | 1 | 2 | 3 | 4 | 5 |
| 8. | Los programas de asistencia para el avance de las minorías étnicas (como los latinos) son importantes porque les ofrecen oportunidades que de otra manera tales gentes no tendrían. | 1 | 2 | 3 | 4 | 5 |

| | | En desacuerdo | | Ni Si Ni No | De acuerdo | |
|---|---|---|---|---|---|---|
| | | ¡No! | Quizás no | | Quizás sí | ¡Sí! |
| 9. | Creo que gentes de grupos minoritarios étnicos deberían aprender más acerca de las costumbres y el idiomas de América para poder integrarse mejor en la sociedad norteamericana. | 1 | 2 | 3 | 4 | 5 |
| 10. | Las personas de grupos minoritarios étnicos que expresan gran orgullo acerca de su cultura son sicológicamente más saludables en comparación con aquéllas gentes que se avergüenzan de su herencia. | 1 | 2 | 3 | 4 | 5 |

## C. VALORES

**¿Qué tan importante es para usted:**

| | | Nada importante | Un poco | Algo | Muy importante | De extrema importancia | Es lo más importante |
|---|---|---|---|---|---|---|---|
| 1. | Trabajar con personas de varias culturas (con trabajadores de diversas etnicidades/nacionalidades)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | Poderse expresar libremente (de cualquier manera), aunque lo que diga ofenda a alguien de otra cultura? | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | Ser tratado con respeto, cualquiera que sea su nacionalidad o herencia étnica/racial? | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | Trabajar en un ambiente donde la mayoría de los empleados en su unidad (o departamento) son de su propio grupo étnico/racial o nacional? | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | Sentir que se aceptan y se reciben con repeto los temas de diversidad cultural? | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | Omitir temas de diversidad y rechazar el conocimiento de otras culturas? | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | Sentir que se aceptan y se reciben con respeto otras religiones y dias de fiesta culturales? | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | Que días festivos étnicos como el Cumpleaños de Martin Luther King sean reconocidos por los empleados con quienes usted trabaja? | 1 | 2 | 3 | 4 | 5 | 6 |

## D. COMPORTAMIENTO

**Durante el ULTIMO AÑO, ¿qué tan a menudo...**

| | | NUNCA (Para nada) | EN RARAS OCASIONES (Una vez este año) | A VECES (Una vez en 4 meses) | MUCHAS VECES (Cada mes) | CASI SIEMPRE (Más o menos cada semana) | SIEMPRE (Más o menos a diario) |
|---|---|---|---|---|---|---|---|
| 1. | En su trabajo hizo el esfuerzo por aprender más acerca de las costumbres de otro grupo étnico/cultural? | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | Asistió a un evento cultural (obra de teatro, feria, reunión social, concierto, celebración religiosa, pow wow, fiesta) que estuviera dedicado a un grupo étnico/cultural que no fuera el suyo? | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | Ayudó a alguien, en el trabajo, quien, quizás por su cultura, necesitaba de ayuda? | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | Se interesó en alguien de un grupo cultural del cual conoces muy poco? | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | Expresó comentarios o preocupaciones en el trabajo de que se debería hacer más en su unidad o departamento para promover la diversidad y el comocimiento de otras culturas? | 1 | 2 | 3 | 4 | 5 | 6 |

| | | NUNCA (Para nada) | EN RARAS OCASIONES (Una vez este año) | A VECES (Una vez en 4 meses) | MUCHAS VECES (Cada mes) | CASI SIEMPRE (Más o menos cada semana) | SIEMPRE (Más o menos a diario) |
|---|---|---|---|---|---|---|---|
| 6. | Usted insistió que en el trabajo se deben tener reglas y actividades que promuevan y exalten la diversidad cultural y las aptitudes culturales? | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | Inició una discusión acerca de relaciones entre las razas o de racismo con una persona de una cultura diferente? | 1 | 2 | 3 | 4 | 5 | 6 |

## E. PARTICIPACION CULTURAL

**Durante el ULTIMO AÑO, ¿qué tan a menudo...**

| | | NUNCA (Para nada) | EN RARAS OCASIONES (Una vez este año) | A VECES (Una vez en 4 meses) | MUCHAS VECES (Cada mes) | CASI SIEMPRE (Más o menos cada semana) | SIEMPRE (Más o menos a diario) |
|---|---|---|---|---|---|---|---|
| 1. | Asistió a una reunión social o evento cultural africoamericano (por ejemplo, iglesia, reunión, etc.)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | Visitó y pasó el tiempo con una familia de descendencia asiaticoamericana (oriental)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | Leyó un libro, artículo o poema escrito por un africoamericano? | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | Trabajó en un programa o proyecto que beneficia a los latinos/hispanoamericanos? | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | Leyó un libro, artículo o poema escrito por un asiáticoamericano? | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | Asistió a una reunión social o evento cultural de los nativos americanos/indios americanos (por ejemplo, iglesia, reunión, etc.)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | Visitó y pasó un rato con una familia de descendencia latina/hispanoamericana? | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | Trabajó en un programa o proyecto que beneficie a los africoamericanos? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | Trabajó en un programa o proyecto que beneficie a los nativos americanos/indios americanos? | 1 | 2 | 3 | 4 | 5 | 6 |

| | | NUNCA (Para nada) | EN RARAS OCASIONES (Una vez este año) | A VECES (Una vez en 4 meses) | MUCHAS VECES (Cada mes) | CASI SIEMPRE (Más o menos cada semana) | SIEMPRE (Más o menos a diario) |
|---|---|---|---|---|---|---|---|
| 10. | Visitó y pasó un rato con una familia de descendencia nativa americana/india americana? | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. | Trabajó en un programa o proyecto que beneficie a los asiáticoamericanos (orientales)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. | Asistió a una reunión social o evento cultural latino/hispano-americano (por ejemplo, iglesia, reunión, etc.)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. | Visitó y pasó un rato con una familia de descendencia africo-americana? | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. | Leyó un libro, artículo o poema escrito por un latino /hispanoamericano? | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. | Atendió una reunión social o evento cultural asiático-americano (por ejemplo, iglesia, reunión, etc.)? | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. | Leyó un libro, artículo o poema de algún nativo americano/indio americano? | 1 | 2 | 3 | 4 | 5 | 6 |

## F. INTERESES CULTURALES

**Por favor proporcione sus puntos de vista personales sobre las siguientes afirmaciones.**

| | | En desacuerdo | | Ni Si Ni No | De acuerdo | |
|---|---|---|---|---|---|---|
| | | ¡No! | Quizás no | | Quizás sí | ¡Sí! |
| 1. | Trato de entender cualquier problema de tipo cultural que afecte a la gente con quien trabajo. | 1 | 2 | 3 | 4 | 5 |
| 2. | Quiero aprender más acerca de diferentes culturas para poder ser más efectivo al desarrollar programas de salud o proporcionar servicios de salud a personas de varias culturas. | 1 | 2 | 3 | 4 | 5 |
| 3. | Deseo aprender más acerca de gente de diversas culturas. | 1 | 2 | 3 | 4 | 5 |
| 4. | Se necesita tener entrenamiento para nuestros trabajadores en aptitudes culturales. | 1 | 2 | 3 | 4 | 5 |
| 5. | Quiero desarrollar mis aptitudes culturales. | 1 | 2 | 3 | 4 | 5 |

# II. SU AMBIENTE DE TRABAJO

## A. EL AMBIENTE DE OFICINA

| | | En desacuerdo | | Ni Si Ni No | De acuerdo | |
|---|---|---|---|---|---|---|
| | | ¡No! | Quizás no | | Quizás sí | ¡Sí! |
| 1. | Me siento cómodo pidiendole a los administradores que me ayuden cuando busco información sobre promociones y la política del empleo. | 1 | 2 | 3 | 4 | 5 |
| 2. | Siento que la política del Departamento de Servicios de la Salud de Arizona es justa hacia las gentes de los diferentes grupos minoritarios étnicos. | 1 | 2 | 3 | 4 | 5 |
| 3. | En el trabajo, he percivido que existen prejuicios o discriminación debido a mi etnicidad, raza o cultura. | 1 | 2 | 3 | 4 | 5 |
| 4. | Confío en que los Administradores o Supervisores son justos cuando deben resolver conflictos que afectan trabajadores de diferentes grupos étnicos. | 1 | 2 | 3 | 4 | 5 |
| 5. | Me siento cómodo pidiendole consejos a administradores de culturas diferentes a la mía cuando quiero una opinión sobre el desempeño de mi trabajo. | 1 | 2 | 3 | 4 | 5 |
| 6. | Me siento incómodo al trabajar con personal de otras culturas porque pueden mal interpretar las cosas que yo diga o haga. | 1 | 2 | 3 | 4 | 5 |
| 7. | Hoy en día las personas de grupos minoritarios étnicos (de otras culturas) parecen tener más beneficios que las personas que no pertenecen a una minoría. | 1 | 2 | 3 | 4 | 5 |

## B. APTITUD CULTURAL EN SU DEPARTAMENTO (UNIDAD DE TRABAJO)

**Dentro de su departamento/unidad de trabajo, ¿cuál afirmación describe mejor la orientación de su unidad hacia la discusión de temas culturales con respecto al desarrollo de programas y administración de servicios?: (Seleccione sólo una).**

1. La atención a temas culturales se considera totalmente innecesaria en ralación con programas de salud y en la administración de servicios.

2. Toda la gente debe ser tratada igualmente en todas situaciones; nadie debe recibir atenciones especiales.

3. Los temas culturales deben ser discutidos de vez en cuando; aunque los asuntos culturales no se tomen en cuenta en el desarrollo de programas de salud y en la administración de servicios.

4. Los temas culturales deben ser discutidos profundamente y con respeto, con el fin de que se ofrescan mejores programas de salud y servicios.

## C. AREAS QUE REQUIEREN ENTRENAMIENTO

**Por favor califique a que grado de necesidad se necesita entrenamiento en su unidad en relación con las siguientes areas.**

| | | Nada | Un Poco | Algo | Mucha | En Extremo |
|---|---|---|---|---|---|---|
| 1. | Más conocimiento de los problemas de salud entre los diversos grupos étnicos minoritarios. | 1 | 2 | 3 | 4 | 5 |
| 2. | Más conocimiento sobre las barreras al cuidado de la salud que enfrentan diversos grupos étnicos minoritarios. | 1 | 2 | 3 | 4 | 5 |
| 3. | Más conocimiento con respecto a las creencias relacionadas con la salud, el comportamiento, las tradiciones y las costumbres de diversos grupos étnicos minoritarios. | 1 | 2 | 3 | 4 | 5 |
| 4. | Más conocimiento sobre la forma de comunicarse con pacientes y de cómo trabajar más eficientemente con varios clientes de minorías étnicas. | 1 | 2 | 3 | 4 | 5 |
| 5. | Aprender como hacer la agencia más amable y sensible hacia las necesidades de diversos clientes de minorías étnicas. | 1 | 2 | 3 | 4 | 5 |
| 6. | Más conocimiento hacia el deber de evaluar la efectividad de los programas diseñados para ayudar a las poblaciones de minorías étnicas. | 1 | 2 | 3 | 4 | 5 |
| 7. | La ayuda a los clientes que participan con más ánimo en cuidar su propia salud. | 1 | 2 | 3 | 4 | 5 |
| 8. | Como entrenar a otras personas para que practiquen sensibilidad cultural. | 1 | 2 | 3 | 4 | 5 |
| 9. | Como incluir residentes de comunidades minoritarias en la planeacion de programas. | 1 | 2 | 3 | 4 | 5 |
| 10. | El aprender más acerca de recursos específicos que estén al alcance de las comunidades minoritarias (por ejemplo, iglesias, curanderos tradicionales). | 1 | 2 | 3 | 4 | 5 |

## D. LO QUE PREFIERE USTED EN UN ENTRENAMIENTO

**Por favor indique a que grado quisiera usted que se desarrolle un entrenamiento de aptitud cultural en las siguientes areas.**

| | | Nada | Un poco | Algo | Mucho | Lo que Más |
|---|---|---|---|---|---|---|
| 1. | Sobre las creencias religiosas de varios grupos étnicos/raciales. | 1 | 2 | 3 | 4 | 5 |
| 2. | Sobre las leyes y reglas de oportunidad de empleo equitativa o empleo justo (EEO). | 1 | 2 | 3 | 4 | 5 |
| 3. | Las técnicas para evaluar programas que sirven a las poblaciones étnicas/raciales. | 1 | 2 | 3 | 4 | 5 |
| 4. | Maneras de comunicarse efectivamente con gentes de otras culturas. | 1 | 2 | 3 | 4 | 5 |
| 5. | Los reglamentos de programas que promueven el progreso de grupos étnicos minoritarios (Affirmative Action). | 1 | 2 | 3 | 4 | 5 |
| 6. | El desarrollo de programas que ayudan a poblaciones étnicas/raciales. | 1 | 2 | 3 | 4 | 5 |
| 7. | Las técnicas para administrar programas que suministran servicios a varios grupos culturales. | 1 | 2 | 3 | 4 | 5 |
| 8. | Entrenamiento relacionado con los problemas de salud de diferentes grupos étnicos/raciales | 1 | 2 | 3 | 4 | 5 |
| 9. | Como ayudarles a pacientes étnicos minoritarios para que puedan adaptarse sicológicamente a los problemas de la salud. | 1 | 2 | 3 | 4 | 5 |
| 10. | Como conducir entrevistas que clarifican aspectos culturales relacionados con la salud de diferentes grupos étnicos/raciales. | 1 | 2 | 3 | 4 | 5 |

## E. SERVICIOS RELACIONADOS CON LA SALUD

**Por favor responda a las siguientes preguntas sin importar si su unidad o departamento actualmente está o no proporcionando servicios de la salud.**

1. ¿Su sección/unidad proporciona actualmente servicios de salud?

   1. No
   2. Sí

2. ¿Qué tan preparada está su sección/unidad para administrar programas y servicios que sean culturalmente sensibles a las minorías étnicas?

   1. Nada
   2. Está dispuesta a tratar
   3. Se está desarrollando un plan actualmente
   4. Ya tiene un plan en funcionamiento
   5. Actualmente está proporcionando programas sensibles a la cultura

3. ¿Qué prioridad **se le da** a los programas y servicios de salud para minorías étnicas dentro de su sección/unidad?

| No es Prioridad | Baja Prioridad | Prioridad Moderada | Alta Prioridad | La Más Alta Prioridad |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

4. ¿Qué prioridad **le gustaría a usted ver** aplicada a los programas y servicios de salud para minorías étnicas?

| No es Prioridad | Baja Prioridad | Prioridad Moderada | Alta Prioridad | La Más Alta Prioridad |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

## F. BARRERAS A LOS SERVICIOS DE SALUD

**Por favor circule el nivel que indica cuánto limita hoy en dia cada uno de los siguientes temas la efectividad de los programas y servicios de salud para las minorías étnicas en el Condado de Maricopa.**

| Limita(n) la efectividad... | | Nada | Un Poco | Algo | Mucho | Extremadamente |
|---|---|---|---|---|---|---|
| 1. | Las actitudes negativas de los proveedores hacia los pacientes/clientes. | 1 | 2 | 3 | 4 | 5 |
| 2. | Falta de intérpretes (a veces se usan niños, o personas del servicio de limpieza, etc.). | 1 | 2 | 3 | 4 | 5 |
| 3. | Falta de publicidad de los servicios de la clínica en las comunidades minoritarias a través de iglesias, organizaciones comunitarias, etc. | 1 | 2 | 3 | 4 | 5 |
| 4. | La habilidad lingüística del cliente (sólo habla español u otro idioma). | 1 | 2 | 3 | 4 | 5 |
| 5. | Un criterio de eligibilidad que limita el acceso a los servicios de salud en lugar de aumentar el acceso a estos servicios. | 1 | 2 | 3 | 4 | 5 |
| 6. | Diferencias culturales en las creencias de los pacientes en conflicto con las creencias de los proveedores. | 1 | 2 | 3 | 4 | 5 |
| 7. | La falta de transporte del cliente. | 1 | 2 | 3 | 4 | 5 |
| 8. | Una política de horario en la clínica que no ofrece horas de servicio en la noche o el fin de semana. | 1 | 2 | 3 | 4 | 5 |
| 9. | Muy poco personal minoritario con el cual los clientes minoritarios se puedan identificar y comunicar. | 1 | 2 | 3 | 4 | 5 |

## III. ANTECEDENTES

## SUS RAICES CULTURALES

### A. LUGAR DE NACIMIENTO

1. ¿Dónde nació usted?

[10] [ ] ¿En los Estados Unidos?

[11] [ ] ¿En Arizona?
[12] [ ] ¿En otro estado?

[20] [ ] ¿Fuera de los Estados Unidos?

[21] [ ] ¿En México?
[22] [ ] ¿En Canadá?
[23] [ ] ¿En otro lugar?

### B. ANTECEDENTES DEL LENGUAJE

¿Cuál idioma habla usted y qué tan bien?

[10] [ ] Inglés

[11] [ ] Un poco
[12] [ ] Bien
[13] [ ] Fluído

[20] [ ] Español

[21] [ ] Un poco
[22] [ ] Bien
[23] [ ] Fluído

[30] [ ] Si habla algún otro, por favor especifique_____

[31] [ ] Un poco
[32] [ ] Bien
[33] [ ] Fluído

## C. SU HERENCIA E IDENTIDAD

**Por favor indique los identificadores generales y específicos de etnicidad, raza u orígen nacional que describan mejor cómo se identifica usted. Por ejemplo, si se identifica como teniendo "antecedentes chinos", usted indicaría como Categoría General: Asiático/Isleño del Pacífico [30], y como su Categoría Específica: Chino [31]. Por favor marque ambas partes.**

[10] [ ] Angloamericano/Blanco
- [11] [ ] Herencia americana de varias generaciones
- [12] [ ] Irlandés americano
- [13] [ ] Inglés americano
- [14] [ ] Otras raíces europeas
- [15] [ ] Otra_____

[20] [ ] Africoamericano/Negro
- [21] [ ] de Africa
- [22] [ ] del Caribe
- [23] [ ] Otro_____

[30] [ ] Asiático/Isleño del Pacífico
- [31] [ ] Chino
- [32] [ ] Japonés
- [33] [ ] Coreano
- [34] [ ] Filipino
- [35] [ ] Otro_____

[40] [ ] Hispano/Latino
- [41] [ ] Mexicoamericano/Chicano
- [42] [ ] Puertorriqueño
- [43] [ ] Cubano
- [44] [ ] Centroamericano
- [45] [ ] Sudamericano
- [46] [ ] Otro_____

[50] [ ] Nativo Americano/Indio Americano
- [51] [ ] Navajo
- [52] [ ] Apache
- [52] [ ] Yaqui
- [54] [ ] Tohono O'odham
- [55] [ ] Pima
- [56] [ ] Hopi
- [57] [ ] Otra tribu_____

[60] [ ] Mezcla de Antecedentes Etnicos/Raciales, por favor especifique:_____

[70] [ ] Otro, por favor especifique:_____

## D. OTRAS CARACTERISTICAS DE SUS ANTECEDENTES

1. El nivel de su grado en el ADHS es_____.

2. Género

   1. [ ] Masculino
   2. [ ] Femenino

3. Estado civil

   1. [ ] Nunca casado
   2. [ ] Actualmente casado
   3. [ ] Otro

4. Situación profesional por título

   1. [ ] escuela primaria/elemental.
   2. [ ] diploma de secundaria.
   3. [ ] colegio o preparatoria (2 años de universidad)
   4. [ ] título BA/BS (4 años de universidad)
   5. [ ] título MA/MS (maestría).
   6. [ ] MD/Ph.D., u otro título de doctorado

5. Identidad profesional

   1. [ ] Enfermería
   2. [ ] Trabajador Social
   3. [ ] Salud Pública
   4. [ ] Ciencias Sociales/del Comportamiento
   5. [ ] Medicina
   6. [ ] Administración
   7. [ ] Otra_____

**Gracias por el tiempo y esfuerzo con que usted ha contribuido. ¡Lo apreciamos mucho!**


CENTER FOR MINORITY HEALTH
ARIZONA
DEPARTMENT OF HEALTH SERVICES